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ELEMENTARY COURSE
IN
PRACTIPEDICS

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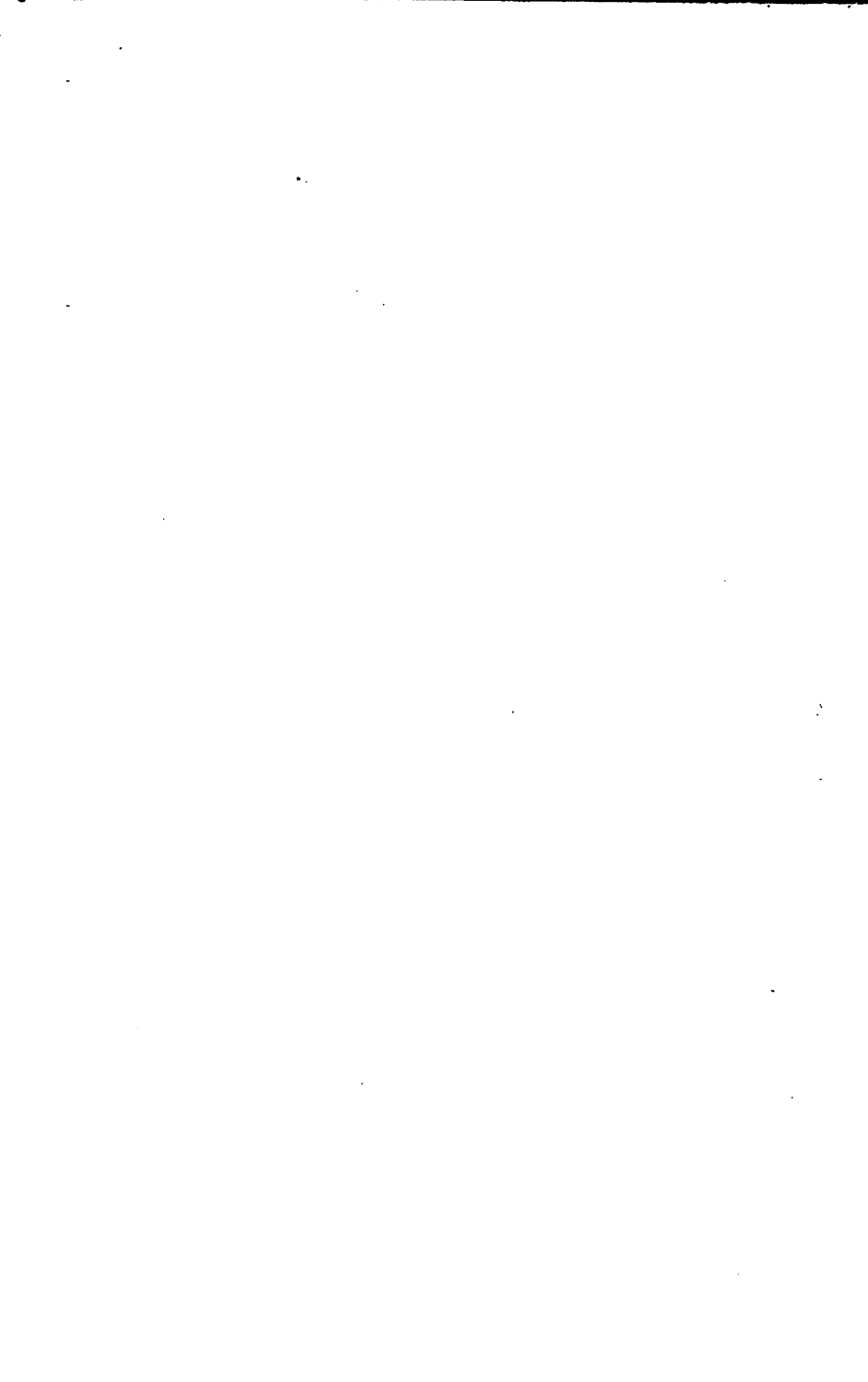
The Medical School

and

The School of Public Health



The Gift of



PRACTIPEDICS

THE SCIENCE OF GIVING FOOT COMFORT
AND CORRECTING THE CAUSE OF
FOOT AND SHOE TROUBLES

BASED ON THE EXPERIENCE, INVENTIONS
AND METHODS OF
DR. WILLIAM M. SCHOLL

This extension course is official
only when the name of the student to
whom it is issued, and the seal of the
school, appears on this page.

ISSUED TO AND FOR THE PERSONAL USE

OF Miss B. Connors

STUDENT NO. 23232 DATE 7/21/28

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CHICAGO, U. S. A.

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LESSON No. 1

PRACTIPEDICS

(Prak-ti-pediks)

THE SCIENCE OF GIVING FOOT COMFORT AND CORRECTING THE CAUSE OF FOOT TROUBLES

This study is based on a broad principle and idea of a definite, studied-out means of relieving foot ills without encroaching upon or interfering with the rights or practice of the physician, surgeon or chiropodist.

The designation of Practipedic and the science it covers is based principally on mechanics and mechanical therapeutics as applied to the feet, although alleviation and prophylactic measures take an important part. The time is not far distant when the Practipedist will have every recognition and enjoy the prominence, and scientific as well as social recognition of his profession.

The numerous conditions of the feet to be found needing the assistance as provided in practipedics will at once secure the co-operation of physicians, surgeons and chiropodists, who will be only too glad to send their patients to a man educated and qualified by the study of this course.

It is essentially prepared for instructing shoe dealers and their salesmen in the art of handling the feet, giving them a practical knowledge of anatomy, physiology and the normal use of the feet, with a complete and practical outline on foot troubles and their correction by the methods used in the wide and successful practice of Dr. William M. Scholl, foremost authority on the mechanical treatment of deformities of the foot.

The course, when mastered, will mean added power to anyone who has to do with the feet. The principal opening for the qualified Practipedist is in the shoe store. Every foot-fitter—every shoe man can qualify by carefully studying this course.

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In beginning with the study of Lesson No. 1, please bear in mind that the author has endeavored to handle the subject in an elementary and understandable manner, and, if the outline and suggestions are carefully followed, there will be no difficulty in completing the course with high honors.

This course of study is intended to qualify one to scientifically fit shoes, appliances and other devices that are designed and recommended for specific purposes and nothing more. It gives no one the right to give treatments of any kind whatsoever and the instructors wish to make it clear that its graduates should not deviate from the instruction given herein.

Nearly every State in the Union has laws governing the practice of Chiropody, and the giving of treatments or the cutting of corns or callosities would be, in most instances, a violation of the Chiropody Act.

Each and every student enrolled is duty bound to do his best, to concentrate his efforts and to honestly pursue his studies of the course until they are completed.

The simplest way to proceed with the study is by commencing with Lesson No. 1, thoroughly mastering it, and be able to answer the review questions before proceeding with Lesson No. 2. Then complete Lesson No. 2 before studying Lesson No. 3. Then when the entire five lessons have been studied by you and you are ready to answer the examination questions notify this school and a set of examination questions and blanks for replies will be sent you. This examination paper will then be corrected and graded and you will be notified whether your grade is high enough to entitle you to be graduated. Should it not be, you can study further and then take a new examination. Do not send in answers to review questions.

Students are invited to write to the instructor of the school on any point not clear.

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Chicago, U. S. A.

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TO THE STUDENT:

The purpose of this course is to teach the fundamental basis of foot comfort, i. e., Anatomy, so as to understand thoroughly the functioning of the normal foot, to understand the positions and locations and bones of the foot, the different types of feet, weaknesses and foot troubles and how they develop and how they may be relieved and permanently corrected by properly fitted shoes and scientifically constructed and adjusted appliances.

This Home Study Course naturally requires study and close attention, but as you progress you will find many important points that you can make use of every day. This is especially true of the shoe fitter.

The instructor advises every student to have a skeleton of the foot to refer to, if it can be obtained for study purposes.

Study this lesson carefully and when you have completed your study, go over the review questions before proceeding with the study of Lesson No. 2.

American School of Practipedics

211 W. Schiller Street

Chicago, Ill.

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ANATOMY

To the Student: Anatomy is a very important branch of the study of Practipedics. It is very essential that you thoroughly understand the human foot and the various parts that go to make it such an important and useful member. Please read carefully, and refer to the easily understood illustrations as you go along. If there are words you do not understand the significance of, you should obtain a copy of the "Dictionary of the Foot" so as to be able to properly pronounce the words and understand their meaning.

LESSON No. 1

ANATOMY OF THE FOOT

The foot is composed of bones, muscles, ligaments, tendons, nerves, arteries, veins, fat tissue substance, skin and nails.

BONES

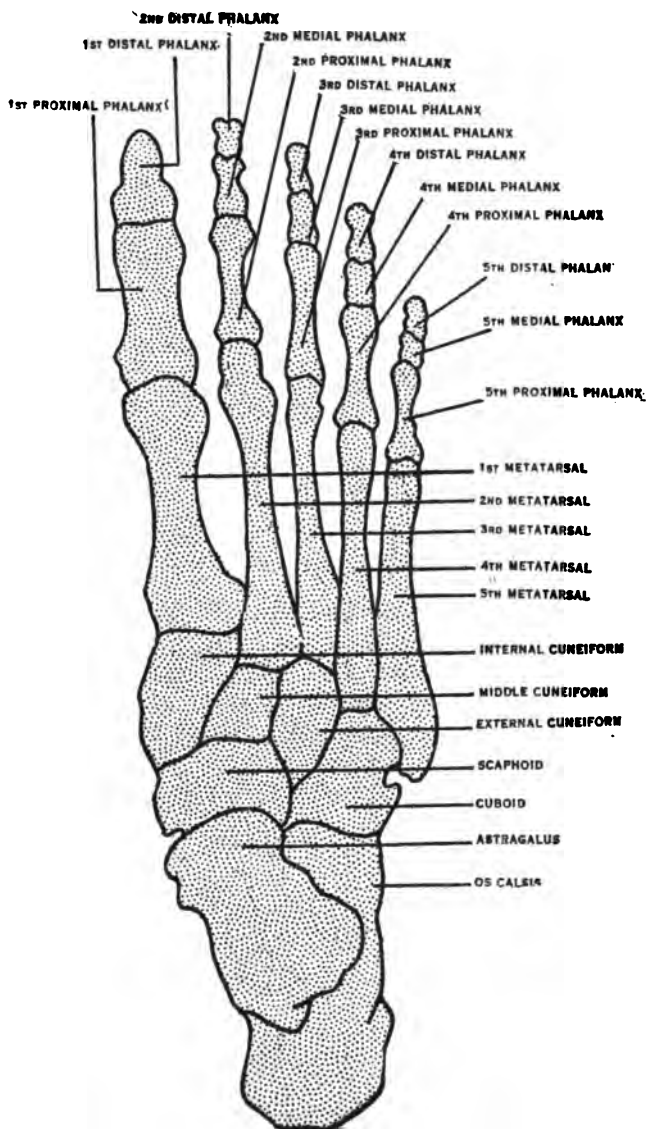
The skeleton or framework of the human foot consists of twenty-six bones arranged so as to permit considerable movement at the various joints.

The bones act as a framework or support to the fleshy part. The study of the bones is very important, particularly for the Practipedist, in that most all foot troubles, such as treated by the Practipedist, result from some abnormal positioning or displacement of the various bones.

Another reason why the bones or framework should be carefully studied is that they serve the purpose of easily recognizing the cause of the ailment, because in Practipedics, after relief is given the cause is corrected.

The bones of the foot are irregular in shape and vary in size from the largest bone, which is the Os

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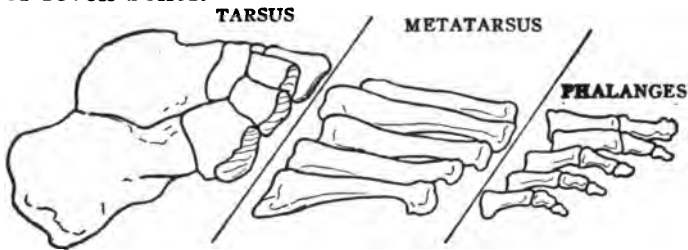
No. 1. Bones of the foot—a top view.

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Calsis, measuring two and one-half inches long, to the smallest, the Distal Phalanges, which are three-eighths of an inch long.

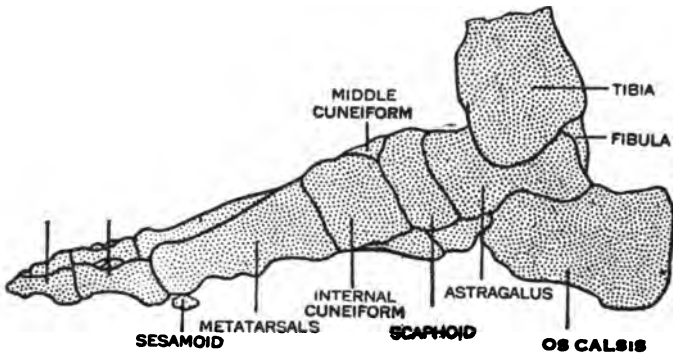
The bones of the foot may be divided into three sections known as the Tarsus, Metatarsus and Phalanges.

The Tarsus group of bones consists of the Os Calsis, Astragalus, Scaphoid, internal Cuneiform, middle Cuneiform, external Cuneiform and Cuboid, or a total of seven bones.



No. 2. Bones of the foot divided into three groups—Tarsus, Metatarsus and Phalanges.

The Metatarsus consists of the five metatarsal bones, Nos. 1, 2, 3, 4 and 5. No. 1 begins at the inside or great toe side of the foot. These bones form the in-step and forward or anterior end together with the bones of the toes form the ball of foot.



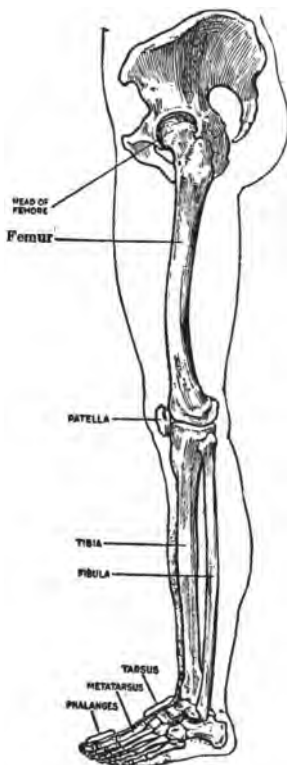
No. 3. Bones of the foot—inside view.

(Student will please refer to illustration No. 1 showing skeleton of foot with the respective names of each bone, showing the top view. Also illustration showing division of the bones of the foot.)

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The Phalanges, or the bones of the toes, consist of fourteen bones. There are three bones in each toe except the great toe, which has but two.

The largest bone in the foot is the Os Calsis or Heel Bone. It is to this bone that the big, heavy Tendon Achilles is attached. This tendon is a continuation of the muscles of the calf of the leg which act as a lift or leverage in raising the foot in the process of walking.



No. 4. Showing bones of the thigh, Femur, and bones of the leg, Tibia, Fibula and Patella, or knee cap. This also shows how the weight is carried down into the foot.

There is a reason for there being so many bones in the foot. It is to give numerous joints or articulations which permit various movements and in that way supply flexibility in walking, running or jumping.

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These numerous joints also have a tendency to break the jar of sudden impact, which, if the foot was one or two solid bones, might cause a fracture. Because of these twenty-six bones and numerous joints, it is, however, very easy for bone displacements to take place.



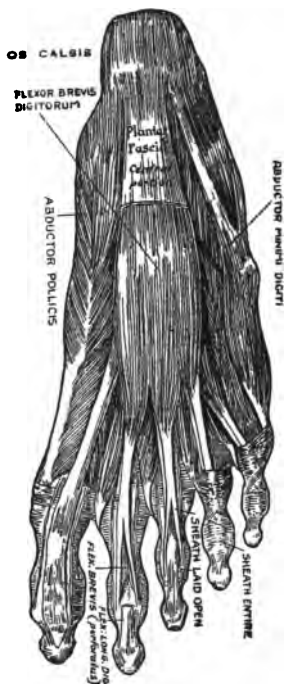
No. 5. To the student: This illustration will show how the entire weight of the body is carried into the foot and is suspended by the high point of the arch.

MUSCLES

Muscles supply the motive power for moving and giving various motions to the foot and leg. Muscles consist of fibrous tissue intermixed with nerves, blood

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vessels, arteries, etc., and are subject to nerve stimula, which allows shortening and thickening, contracting and extending, in order to provide the various movements of the bones or framework.



No. 6. This shows first layer of muscles on sole of the foot. These muscles are attached to the Os Calsis and branch out to their tendons toward the toes, where they are inserted. There are four layers of muscles on the sole.

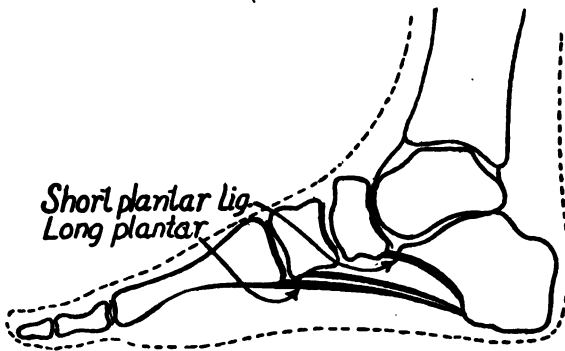
LIGAMENTS

All of the bones of the foot are held together at their joints, or articulations, by numerous ligaments of great strength and, while permitting only slight movement of each joint, they do, however, provide for considerable motion of the foot in its entirety.

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Ligaments consist of bands of flexible, inextensible, fibrous tissue which connect the various bones and limit the movements of the joints. The arch of the foot is principally maintained in the passive state by this fibrous structure.

When the ligaments become strained or stretched and lose their tone, they allow the bones of the foot to drop from their natural position, or articulation, which is one of the causes of broken arch and flat foot.



No. 7. Showing the long and short plantar ligaments and how they connect and give support to the arch.

When this takes place the natural action of the muscles, as explained above, is interfered with, and in order to restore the strength and tone to the ligaments, it is necessary to relieve the strain and abnormal pressure.

TENDONS

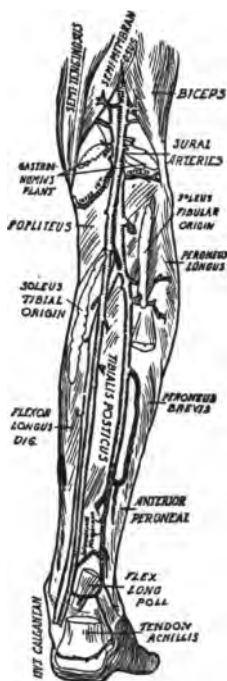
Tendons consist of fibrous cords (slightly flattened) which are the continuation of the muscles. The function of a tendon is to attach the muscle to the bone or bones to be moved.

(It is well for the student to observe the different structures; bones that make up the skeleton framework—muscles that supply the motive power for giving various motions—ligaments that hold together the

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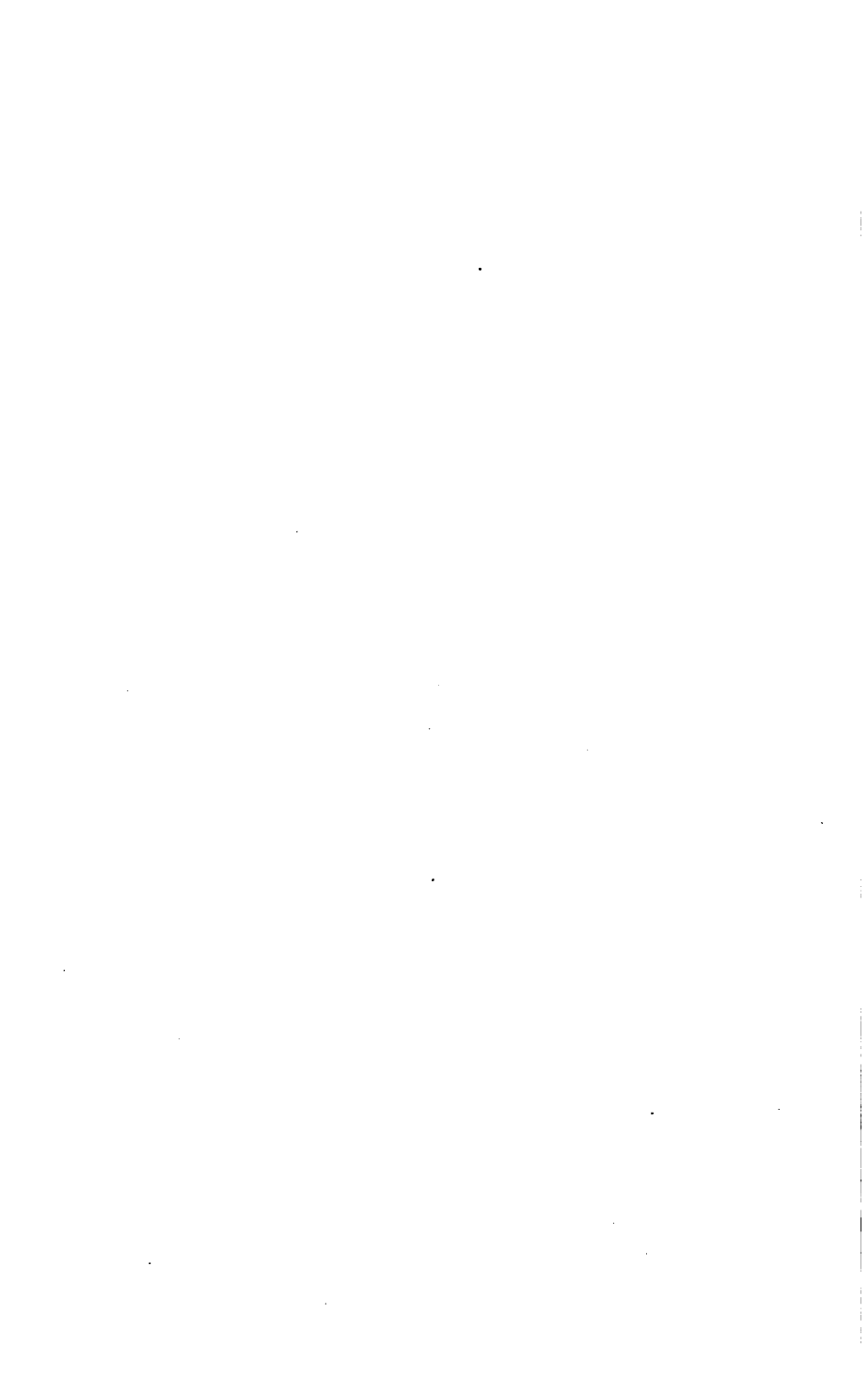
various joints or articulations and tendons that attach the muscles to the bone or part to be moved.)

The Achilles Tendon is attached to the Os Calsis or Heel Bone and is the largest and strongest tendon in the foot or in the whole body.



No. 7A. Showing Achilles Tendon (Tendo Achilles) attached to heel severed to show relative size comparing with the other structures of the leg.

This illustration also shows other muscles, arteries, veins, etc., of the leg.



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REVIEW QUESTIONS FOR LESSON No. 1

To the Student:

After you have read this lesson it is well for you to answer the following quiz or review questions. If you are not able to fully answer any of the questions, then please refer to the text until it is quite clear in your mind. These review questions are not the examination but one or more of these questions may be covered in the final examination, therefore it is well to learn thoroughly the subjects as you go along.

- (1) How many bones in the foot?**
- (2) What bones form the tarsus?**
- (3) What is the largest bone in the foot?**
- (4) How many bones in the toes?**
- (5) In what way do the bones in the little toe differ from those in the great toe?**
- (6) What is the function of a muscle?**
- (7) What is the function of a ligament?**
- (8) What is a tendon?**

Write the answers as you remember them, then refer to text to prove you are correct.

LESSON No. 2

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TO THE STUDENT:

Now that you have completed Lesson No. 1 which furnishes you with a basis of Anatomy, you are ready to take up the one very important branch of Practipedic work and that is the poise and balance of the body's weight through the different arches of the foot.

In studying these lessons we suggest that you have a member of your family remove their shoes so that you may point out from the descriptions given in this course the exact locations of the different arches and in that way, it will be much easier for you to memorize the names and their respective locations.

This is a short lesson and, when you have completed it, you may proceed with the study of Lesson No. 3. By this method of study you will quickly acquire a very complete knowledge of this important subject.

LESSON No. 2

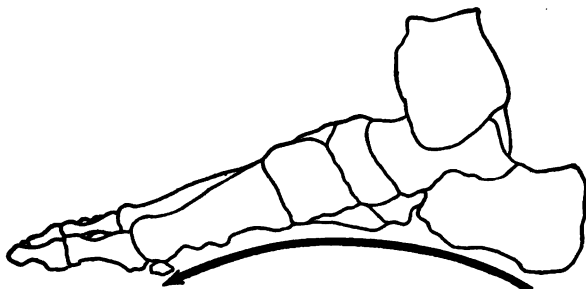
ARCHES OF THE FOOT

To promote the elasticity of the foot, and to provide strength and motion in walking, so that this collection of twenty-six bones will be able to properly support the weight of the body, they are arranged in the form of arches. These arches are four in number:

- The Inner Longitudinal Arch, No. 1
- The Outer Longitudinal Arch, No. 2
- The Anterior Metatarsal Arch, No. 3
- The Transverse Arch, No. 4

INNER LONGITUDINAL ARCH

The Inner Longitudinal Arch is the one most recognized by the general public as being the arch of



No. 8. Showing the inner longitudinal arch commencing at the Os Calcis forward to the first metatarso-phalangeal joint. This is the long arch of the foot.

the foot, and while this arch has a very important bearing on foot troubles, the other three are very important and must be very carefully considered by the student.

The Inner Longitudinal Arch commences at the

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inner border of the Os Calsis from behind and extends forward to the first metatarsal. It is composed of the Os Calsis, Astragalus, Scaphoid, Internal Cuneiform, and first metatarsal.

This arch is supported by ligaments and plantar fascia which stretches across the concavity like a

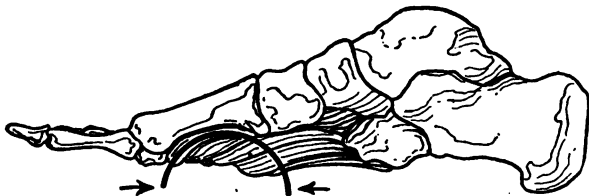


No. 9. Showing the outer longitudinal arch from the Os Calsis to the fifth metatarso-phalangeal joint. (Student will please note that the elevation of the outer longitudinal arch is very slight.)

bow string across a bow, which gives it elasticity and allows it to return to its original length each time weight is thrown upon it.

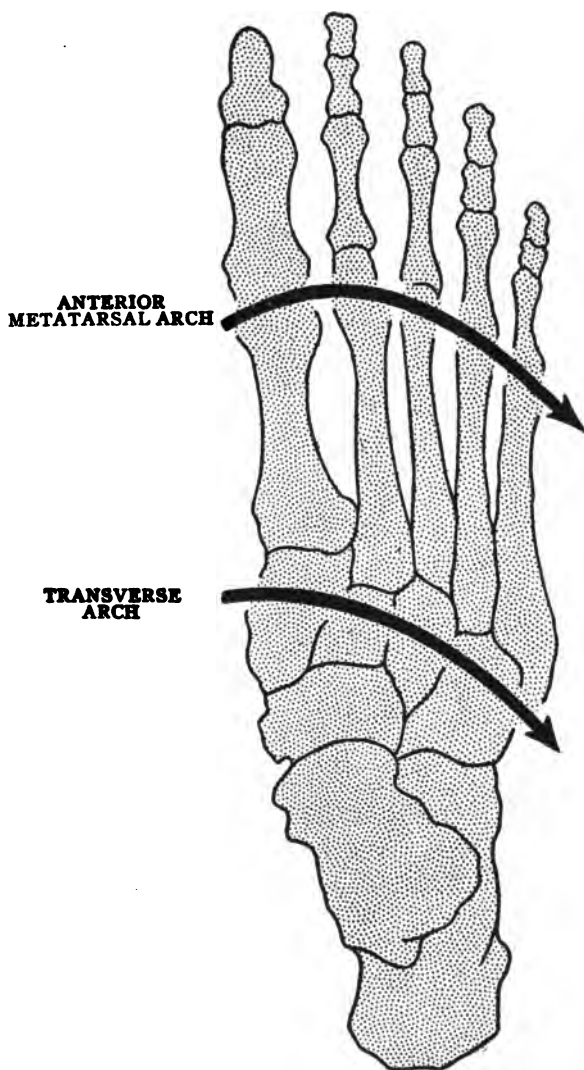
OUTER LONGITUDINAL ARCH

The Outer Longitudinal Arch follows the line of the inner longitudinal arch except that it is on the outside of the foot. It extends from the Os Calsis or heel bone to the head of the fifth metatarsal and is formed by the Os Calsis, Cuboid, and fifth Metatarsal. It is well to remember, in this arch, that the elevation is only very slight and that the high point of the inner longitudinal arch at the Astragalus diminishes to the



No. 10. Showing the Anterior Metatarsal Arch. This arch extends transversely between the first and fifth metatarsal head.

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No. 11. Showing the bones of the foot, top view. First pointer shows the position of the Transverse Arch and second pointer shows the location of the Anterior Metatarsal Arch.

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outer longitudinal arch where there is just a slight space when the person stands barefooted on the floor.

The Anterior Metatarsal Arch is also very important. It extends between the first and fifth metatarsal bones. It is formed by the heads of the 1st, 2nd, 3rd, 4th and 5th metatarsals. When this arch is normal there is a perfect dome-like shaping between the great toe joint and the little toe joint.

The Transverse Arch extends across the foot, between the Cuboid and Internal Cuneiform bone. This arch is frequently affected when there is a breaking down of the longitudinal arch posteriorly. (Posterior means the backward part and Anterior meaning the forward part.)

Student: Observe that the purpose of these arches is to increase strength and elasticity to the foot at the same time to provide a hollow space for protecting the muscles, nerves, arteries and veins from pressure. For if these arches are depressed they at once interfere with other natural functions.

USE OF THE FOOT

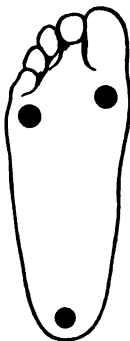
The author's definition of a normal foot is one that performs its functions and attends to the work imposed upon it without discomfort or pain; one that has generally natural lines, in that the bones are not displaced and that the four arches are perfectly formed, and the external surfaces of the foot free from excrescences and abnormal growths, such as corns, bunions, callouses, protruding or prominent joints, etc.

The foot is intended to carry the body's weight and it should do so, gracefully, comfortably and naturally, if it is normal.

Why should people's feet tire any more than their

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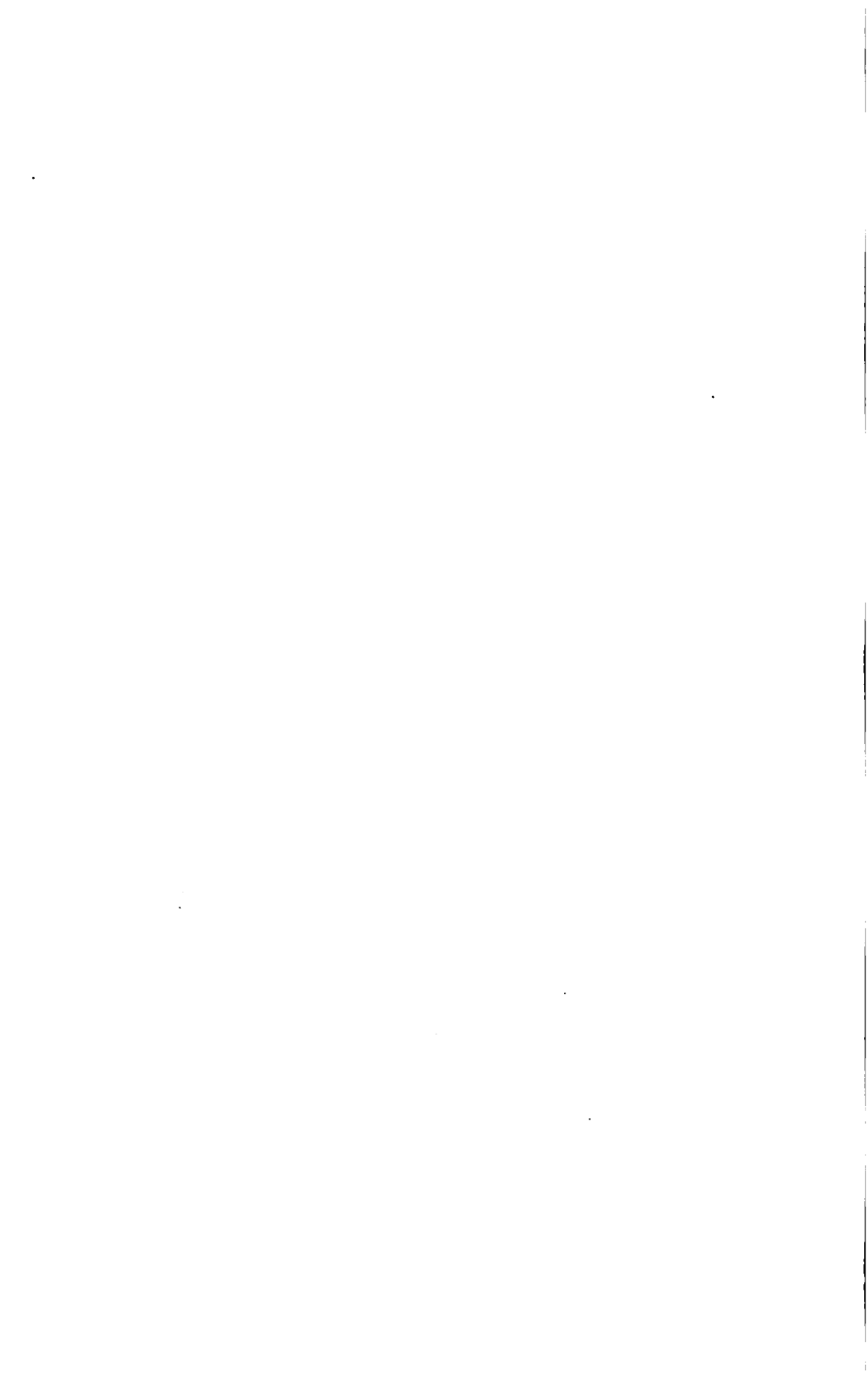
hands? The foot is constructed for the purpose of taking the weight of the body, carrying it and doing so comfortably. If there are pains, discomforts, and fatigue, the foot is not normal and therefore requires a scientific application of Practipedic treatment.



No. 12. The black dots show the three bearing points of the normal foot which are the Os Calcis, the first metatarso-phalangeal joint and the fifth metatarso-phalangeal joint. This gives the foot the tripod bearing points.

Now consider the disturbing influences which cause foot troubles. How a person may overwork, may stand on their feet excessively, long hours, may wear too tight shoes, short shoes, pointed toe and ill-fitting hosiery or take on weight suddenly, all of which go to distort the feet and cause abnormal conditions.

(The student now having an understandable knowledge of the structure of the foot should refer to the illustrations in the preceding lessons or obtain a human skeleton of the human foot in order to more closely study this framework and its action.)



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REVIEW QUESTIONS FOR LESSON No. 2

To the Student:

In this lesson you have covered a very important section in the study of Practipedics, and so that you will have no difficulty in thoroughly understanding all of the different points contained in this lesson, the instructor asks you to be particular to be able to answer all of the following review questions. It will be very useful to you as you go along. It is further suggested as a help that you remove your shoes and note the location of these arches on your own feet.

- (1) How many arches in the foot?**
- (2) Name them.**
- (3) Where is the inner longitudinal arch located?**
- (4) What bones form the transverse arch?**
- (5) What bones form the anterior metatarsal arch?**
- (6) Why is it so important to thoroughly understand the arches of the foot?**
- (7) How many bearing points in a normal foot?**

LESSON No. 3

TO THE STUDENT:

This lesson will be given up to the study of abnormalities—the underlying causes of foot troubles. You will notice that in each instance there is an involvement of the bones or framework of the foot. This is very important for you to understand. Every man who fits feet, sells shoes or has to do with footwear should possess the knowledge that you have now gained and put it to practical application.

Without a question of a doubt the information and knowledge that you will gather from this lesson is of the most importance that you have to understand. There are so many persons suffering from conditions which are described in this lesson that you will be amazed at the amount of work that you will have to do under this particular subject.

After you have thoroughly studied this lesson and correctly answered the review questions, you may proceed with Lesson No. 4. Please do not "skip" through the course, but study it methodically as outlined by the instructor.

LESSON No. 3

WEAK OR FALLEN ARCH—WEAK FOOT

When the ligaments, which hold the bones forming the arch in their natural arched positions, become strained or lose their tone, a condition of weak or fallen arch results. This is strictly a weakened foot condition. You will find this condition among men and women, probably more among the latter.

The weak foot condition is the first stage of a condition later developing into broken down arch or flat-foot. This early stage is more prevalent and is less understood and recognized by the public. It is, nevertheless, a condition that the Practipedist should be careful to recognize and apply the proper corrective appliances so as to prevent the more serious and advanced stage of foot weakness.

It is well for the student to understand, while on this subject, that the weak foot and flat foot conditions can be divided into several stages of development:

No. 1—Weak foot, the early stage of.

No. 2—Weak foot where there is a structural change in the contour present.

No. 3—Weak foot where the arch is somewhat flattened when the patient stands.

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No. 4—Advanced flat-foot where the foot has lost its natural arching and assumes a flattened condition.



No. 13. This sketch shows a typical case of weak foot where the arch is somewhat flattened.

By classifying these stages you will be able to more quickly recognize the different defects and know that

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in many cases there is need for a scientifically adjusted appliance, even though the outward appearance of the foot is nearly normal, such as you will find in Condition No. 1.

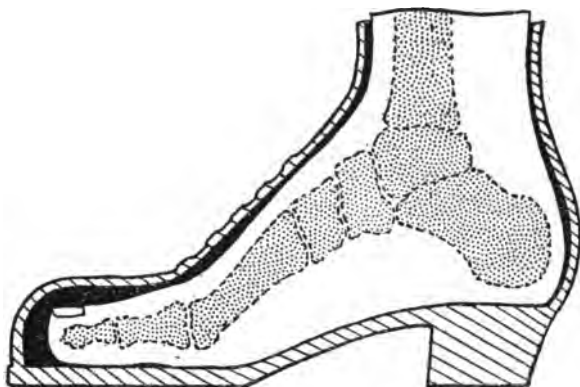


Fig. A

No. 14. Sketches show approximate position of foot in shoe. Please note A and B.

- (A) Showing approximate position of bones in a normally arched foot and how by being properly arched the foot is held up and toe is kept away from end of shoe.

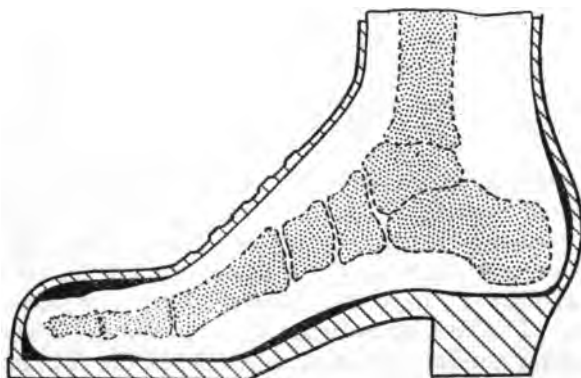


Fig. B

- (B) Showing relative position of bones in a weak arch and how it permits the foot to elongate and be pushed into the toe of the shoe.

WEAK FOOT

When the shoes are removed, the feet may appear perfectly normal; in fact, in many cases, the arches are high and appear well developed while there is, however, a flabbiness and loss of tone to the tissues.

SYMPTOMS

The person will complain of tiring and tenderness in the heels, a tendency to sudden turning of the ankle, and occasionally the ankles become swollen and painful. Constant standing or walking causes general discomfort in the feet. Tiredness saps vitality and is



No. 15. Showing a weak foot with very normal shape of inner longitudinal arch.

due to the weakness and strain on the foot structures. The foot usually slides forward into the toe of the shoe, causing discomfort to the toes. The customer will also complain that the shoes do not fit and feel comfortable. There is a tendency for the ankles to rotate. The feet sometimes burn on the soles and are extremely tender, while in other cases the feet appear cold and uncomfortable in that way. Another symptom is callouses along the great toe on the ball of the foot.

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CAUSES

The cause of weak foot is practically the same as flat-foot. Flat-foot is the advanced stage of weak foot which develops into the flattened condition. There are many causes. Those who do much standing in one position or do much walking are subject to this condition. Improper shoes and improperly fitted shoes weaken the foot structures. Occupational causes seem to be very prevalent. Those who are compelled to stand long hours on their feet, such as waiters, barbers, mail carriers, clerks in stores, cooks, machinists, bar-tenders, and policemen are all subject to foot strain, which later develops into a condition of flat-foot. Overwork, strain, constant wrenching, causing injury, illness, etc., which weakens the tissues, are all causes. Adults who take on increased weight suddenly, or those who carry heavy weights, all of which causes undue strain on the ligaments and muscles of the arch, are apt to find that these bring about weak foot conditions.

Favoring a certain portion of the foot, to escape the pain of a corn, callous or bunion, or throwing the weight on to one foot because of an injury or painful condition of the other foot, changing from one style of shoe to another, wearing short and pointed toe hosiery, changing from a high heel to a low heel causes abnormal strain and weakness.

Among children, it is caused by rapid growth and acquiring abnormal weight before the structures have accommodated themselves to additional strain. This condition is frequently present among children between the ages of five and fourteen.

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DIAGNOSIS

Cases of weak foot can be diagnosed, first, from the symptoms as outlined above. Second, by asking questions. Third, by manual examination, as palpation and twisting of the foot. Fourth, examining the shoes. It is very easy to notice whether the shoe is spread out of shape, whether the heels are run down, and if the shanks have lost their natural arched shape.

It should be borne in mind that in stage No. 1, when the shoe is removed the foot will look practically normal, and therefore the early stage of weak foot should be diagnosed from the symptoms and queries put to the customer such as:

Do your feet tire? Do the soles of your feet burn? Are they tender? Do your toes feel cramped? Have you weak ankles? Do you tire easily after much standing or walking? Do your feet perspire?

Then examine the foot. By putting pressure on the head of the first metatarsal while you grasp the



No. 16. Testing the foot for weak arch. With one hand take hold of the heel and with the other hand bring pressure against the ball and also manipulate to see how much resistance there is to the structures.

heel, you can see whether there is much weakness present and whether it is in the first or second stage of development. Always look at the customer's old shoes very carefully. They often give you an idea.

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PRACTIPEDIC CORRECTION

The first thought is to give comfort to the wearer and to prevent further development of the weakened foot condition. This is done by fitting the light, springy appliance—Dr. Scholl's Foot-Eazer.



No. 17. Showing application of Foot-Eazer to a weakened arch. It should be arched high enough to fit snugly into the cavity of the arch.

The correct size should be first selected and it should then be fitted to meet the contour of the foot arched quite highly so as to support the bone structure and prevent further strain and tension on the already weakened or deficient foot structures.

The Foot-Eazer is of double spring construction so that the top plate slides easily on the under spring, giving firm support, yet permitting a certain amount of flexibility and motion so as to stimulate muscular activity. The foot should be carefully measured to ascertain if the patient is wearing the proper size shoe, so that the ball of the foot will set at the broad part of the tread or at the inner shank curve.

In addition, look to the stocking. If the customer has been wearing short or pointed toe stockings they should be told to wear a kind that will overcome any

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restriction and permit free use of the foot and toes. See Lesson No. 5 for use of arch fitting machine to do adjusting of appliances to the individual foot.

WEAK FOOT WHERE THERE IS A STRUCTURAL CHANGE IN THE CONTOUR PRESENT

In this stage, when the customer stands, there is a slight tipping in at the inner border of the arch or ankle joint. The foot also elongates quite considerably when weight is placed upon the feet. There is a slight spreading. The outer longitudinal arch is flattened so that the Cuboid bone, the heel and the fifth metatarsal practically touch the floor. (This outer longitudinal arch, remember, should be slightly arched without touching the floor when standing.)

SYMPTOMS

Symptoms in this stage are practically the same as those already described except that they become slightly more acute, because as soon as the structural change takes place the natural balance of the foot is interfered with and strain is thrown onto the various parts of the foot.

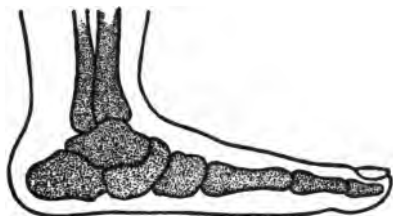


No. 18. Showing a weakened arch with enlargement at the great toe joint and bunion formation.

In this stage greater weight is thrown upon the first metatarso-phalangeal joint which often produces a redness, tenderness and even swelling. The toes are

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cramped, shoes are thrown out of shape and the patient complains of extreme discomfort, rotating of the ankle outward or inward is noticeable. There are pains through the heel and ankle, often swelling. Pressure on the arch will cause it to slightly flatten. The heels of the shoes are worn crooked. The per-



No. 18A. Showing bones of weakened arch foot; how it looks with weight on foot.

son will complain that walking over rough pavements or cobblestones or on rough, uneven surfaces will cause wrenching and pain on the sole. There is also tenderness and sometimes pain or a callosity along the edge of the fifth metatarsal extending out to the ends of the toes. Callouses also appear around the heel and on the ball of the foot.

CAUSES

The causes are practically the same as weak foot in the early stage, as previously explained. Of course, after the foot has become even slightly weakened the condition advances more rapidly because the same feeling of support which the shoe counter gives is lost and with the disturbance of the balance or poise of the foot the strain becomes more severe.

Then again, where there is a weakened longitudinal arch, it naturally causes a spreading transversely, forcing down the outer longitudinal arch, causing that much more strain to the ligaments.

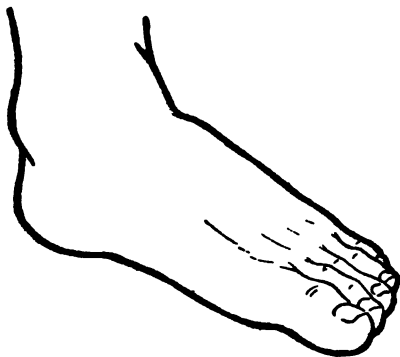
DIAGNOSIS

In addition to putting the queries to the patient, examine the foot carefully. You will find tender and

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painful areas. These can be located by pressing with your thumb or index fingers over the different areas of the foot, such as the tuberosity of the heel, where the plantar ligament and fascia is attached.

There is usually slight pain or tenderness there, then causing pressure at the different metatarsal heads commencing at the first metatarso-phalangeal joint by manipulating the great toe. See if there is tenderness in the outer longitudinal arch. Have the patient stand and notice if the weight causes the ankles to turn in or out and if the arches are lower.



No. 19. Showing a weak foot where structural change has taken place. In these cases the Astragalus rotates inward and in examinations you can notice the prominence of these bones.

Again examine the shoe. Note if there is any swelling through the ankle or through the foot. Ask your customer questions that will lead up to this. It is very easy to diagnose this condition because there is invariably callous formation, burning or tenderness on the soles, and the patient usually complains of the shoes being the cause. It is a fact that persons having this trouble will blame their shoes.

Run your hands inside the shoe and notice if there are any depressions or wrinkles caused by uneven distribution of the weight and a tendency for the foot to stretch out because in this stage the arch weakens and allows the foot to elongate and stretch more than in the normal.

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In this stage will be found also many complaints of short shoes. The patient will be fitted to a shoe sufficiently long, and in a few days' time complain that they are too short. Therefore, it is well for the Practipedist to set a rule where there are complaints of short shoes to make examination for the secondary stage of weak foot.

PRACTIPEDIC CORRECTION

Treatment is practically the same as given in condition No. 1. The Foot-Eazer or Tri-Spring arch should be applied. If the person is quite heavy and the weakness quite pronounced the Tri-Spring Arch Support should be applied. It gives a wider base for

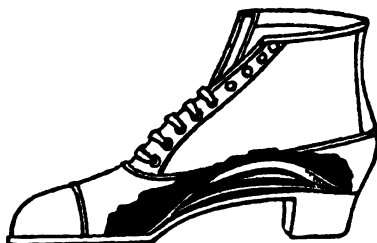


No. 28. Showing the Foot-Eazer fitted with weight on the foot.

support. In these cases the appliances should be fitted up into the contour of the arch so as to at once support the bone structures and remove the strain on the ligaments and fascia. In this stage the appliances should be fitted to hold the foot into a nearly normal shape. If the arch is fitted up quite closely to the arch proper there will be less uncomfortable feeling than if it is lowered so that the weak foot is forced down to meet the elevation of the appliances. The operator should take care when selecting the Foot-Eazer or Tri-Spring Arch Support as is best indicated.

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Again, hosiery and footwear should be given careful consideration, and in this condition where the weakness is more pronounced it is well to advise the use of Dr. Scholl's Granulated Foot Soap, Dr. Scholl's Foot Balm and Antiseptic Foot Powder. These three articles should constitute the home treatment for the patient to use and are essential in obtaining the best results from the use of the appliances.

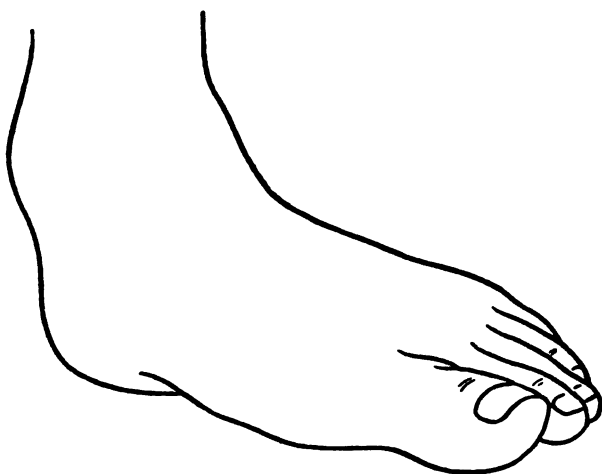


No. 21. Showing the Foot-Eazer inside the shoe and how it spans the weight from heel to ball. This corrective appliance must not rely upon the strength or the shank of the shoe in making corrections.

This treatment first thoroughly cleanses and opens the pores of the skin, stimulates the circulation and tones up the muscles and prevents an accumulation of unhealthy skin secretions, keeping the feet soft and pliable. The Foot Balm is a most excellent massage cream and relieves painful conditions of the muscles and joints.

WEAK FOOT, WHEN THE ARCH IS SOMEWHAT FLATTENED WHILE THE PATIENT STANDS

In this stage, the sufferer usually resorts to some home treatment or purchases shoes, has rubber heels applied and often resorts to liniments and external applications. In this stage, one surely recognizes that there is something wrong with the feet, while in the other two conditions just described persons very frequently are of the opinion that the discomfort and pain is from a natural cause and is produced by the



No. 22. Showing flat-foot and rotated ankle.

shoe or should be present as a result of over-exertion (or more than usual use of the feet).

SYMPTOMS

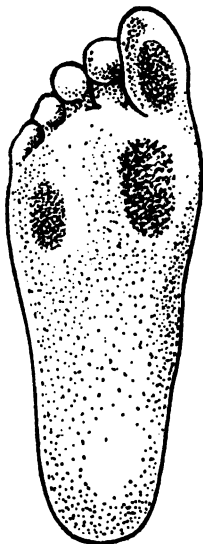
There is considerable pain present in all parts of the foot. There is invariably a tenderness or painful condition at the tuberosity of the Os Calsis or heel. There is likewise a painful condition at the great toe joint. There is pain present upon motion of the foot, swelling about the ankles, pains extending into the calves of the legs, knee and often into the thigh. The feet are hot and feverish and are often so swollen that it is impossible for the person to wear his shoes.

In other cases there is a clumsy, stiff feeling in the feet upon arising in the morning; in fact, it is frequently practically impossible for the patient to stand barefooted until slight and careful motions have gradually been made. It is not until after the person has done a little walking that the stiffness disappears. Then the pain is less severe until the middle of the

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afternoon, when it becomes quite pronounced, and the first thought of the sufferer is to get home and be able to remove the shoes.

By elevating the feet they are made more comfortable. In this stage, callouses are present, as in Condition No. 2. The feet perspire profusely, especially around the heels.



No. 23. Showing tender spots and callous formation caused by weakened arch and flat-foot condition. These callouses are caused by uneven distribution of the body's weight and these tender spots and callouses are one of the symptoms of a weakened arch condition.

It is not unusual to notice the lining of the shoe destroyed from this excessive perspiration. The person walks with a slouchy, dragging gait. The toes are turned outward. The heels are worn down at the inner border. The soles are worn through at the base of the first metatarsal, and often the toe end of the sole is stubbed off. Shanks are broken down and frequently the Anterior Metatarsal Arch is involved. There is a cramping of the toes.

In nearly every instance the third, fourth and fifth

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toes are slightly contracted and corns form on the top of the joints. Persons in this stage complain of pains simulating rheumatism. They frequently attend bathing resorts and take rheumatic cures.

CAUSES

Again the causes are practically as outlined in the beginning of this lesson. The student will soon acquire sufficient knowledge so that he will add to the list of cases from his actual experience. It is well to obtain as much information from the patient as is possible but to keep on the lookout for improperly fitted shoes, pointed toe stockings, constant standing or walking, standing in one position, favoring the



No. 24. Testing the foot to see if there is any rigidity or adhesions in the region of the arch.

feet to escape pressure on a corn or callous, heavy weight bearing, such as heavy people, wearing of ordinary rubber heels, debilitated physical condition, etc. These are the principal causes.

In some cases the patient may have had rheumatic neuritis which caused a weakness of the feet. Again venereal disease will cause erosion at the articulating joints, producing weakness and pain. Again pus absorption from ulcerated teeth, infected tonsils, etc.,

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which is deposited into the weakened structures, may cause erosion and pain.

PRACTIPEDIC CORRECTION

In this stage, treatment is practically the same as Nos. 1 and 2 except that where structural changes have taken place more support must be given. The object is to lift the misplaced and depressed bones to their true positions. This, of course, must be done gradually so that the appliances, although allowing certain springiness, should be of a substantial character and designed to firmly uphold the bones and remove the strain and tension on the ligaments and muscles.



No. 25. Showing Tru-Span arch support with reinforcement for severe cases.

Dr. Scholl's Tri-Spring Arch Support is best indicated in these cases. The Tru-Span style affords slightly additional amount of corrective pressure in that the plate is a trifle wider and higher at the inner border of the flange.

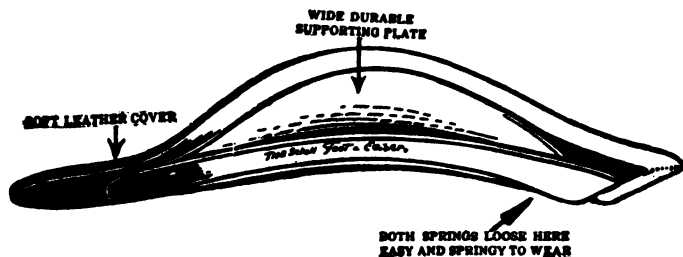
A Foot-Eazer of course may be used where the case is not so severe and the person not so heavy, or it can

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be applied as a preliminary treatment, and later on apply Dr. Scholl's Tru-Span Arch Support.

In these cases the pressure should not be too severe, because when the bones are pressed down and forced out of their normal positions they must again be lifted up and brought back without causing discomfort to the patient.

In this stage, muscular action is greatly interfered with by the pressing down of the misplaced bony framework. The arteries and nerves are not protected and, therefore, have abnormal pressure and strain thrown upon them. In all of these cases, the object



No. 26. Showing Foot-Easer construction with a free sliding contact at the forward end. This feature permits adjustability and springiness to the foot.

of the Practipedist should be to remove the cause and bring about normal functioning. Muscles cannot properly perform their duty if there is a strain and pressure brought to bear on them and the nerves.

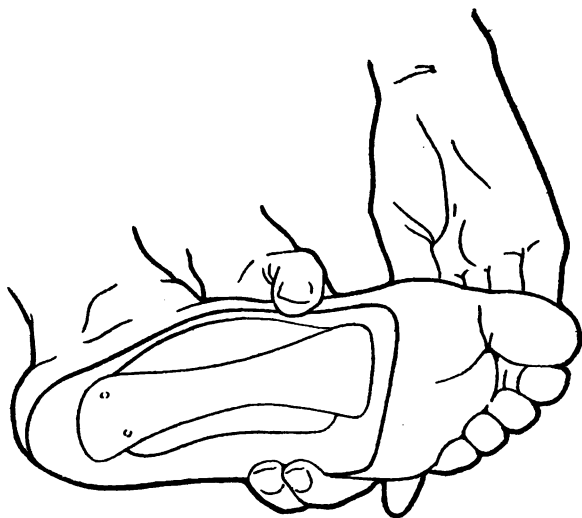
Now, by fitting one of the appliances as designated above, the strain is taken from the ligaments and, the bones being replaced to their positions, natural muscular action and development takes place as soon as the obstructions are removed. In these cases, the home treatment should always be recommended. The tender joints or calloused spots should be protected

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from further pressure and irritation by applying the proper size Absorbo Pads.

It should be borne in mind that where correction is provided for these abnormal conditions, or for strain and deformity, that the appliances may cause some slight discomfort or annoyance to the patient.

After you have carefully observed all the rules for fitting the appliances, and after having placed them in the shoe, if the customer complains of pressure or pain at any one point, the appliances should be again removed and a further slight adjustment made. It is well to send the customer out of the store feeling perfectly comfortable and contented with the me-



No. 27. Showing correct length of Foot-Eazer as applied to the bare foot.

chanical help that you have provided. This may require a little more effort, and occasionally a slight lowering or raising of the appliances at some given point, but it is well worth the effort. Have the cus-

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tomor return once every ten days to two weeks to make further adjustment if it is needed.

However, there are cases under this same heading where the supports can be fitted too low, compelling the high point of the foot to be forced down to come in contact with the resistance or elevation of the high point of the appliance. In that case it is necessary to elevate the support still higher to meet the high point of the arch.

ADVANCED FLAT-FOOT WHERE THE FOOT HAS LOST ITS NATURAL ARCHING AND ASSUMES A FLAT- TENED CONDITION

This condition can be subdivided into the rigid type of flat-foot and the flexible type of flat-foot. In the former, the tarsus of the foot is practically rigid. It is due to long existence of the condition so that



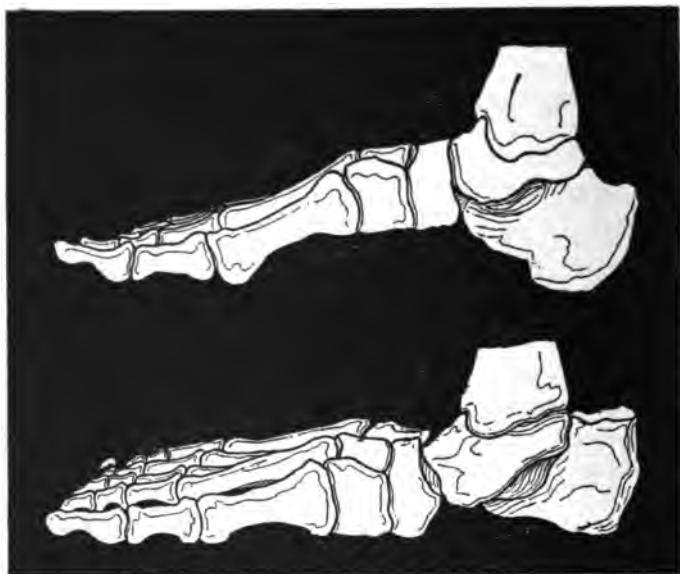
No. 28. Advanced case of flat-foot.

false adhesions have been made and Nature in her attempt to provide use of the deformed condition has filled in the spaces between the joints so that there is little or no motion present.

In the latter, the foot may assume an entirely flattened position, but there is motion and slight movement at the various articulations. In these cases the

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ligaments supporting the longitudinal arches have become so stretched that they are unable to hold together or hold the bones in their natural arched positions and the weight of the body then crushes



No. 29. Top—showing the bones of a perfectly formed arch and the relative position of the bones in a severe case of flat-foot. Bottom—showing a weakened arch with weight upon it and position it assumes when the person stands.

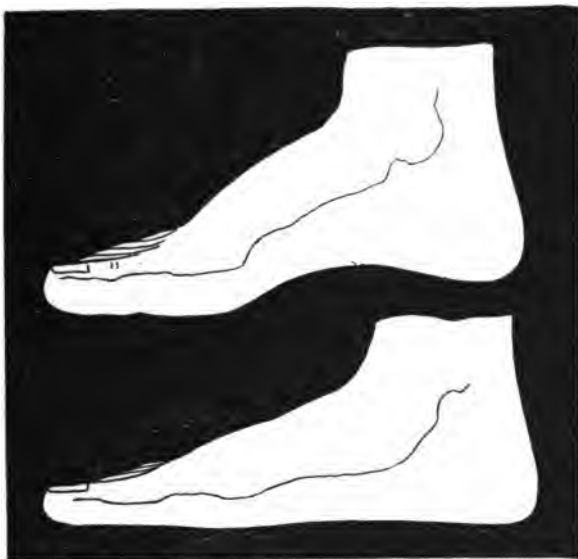
down interfering with muscular action and gradually the arch, instead of being arched, is entirely flattened. This is what is rightly termed flat-foot or broken down arch.

SYMPTOMS

Rheumatic-like pains all through the feet and ankles. A shuffling, dragging gait. The patient usually drags the feet more or less, the toes being turned slightly outward. Pains radiate through the ankles, heels and into the limbs and knees. There are often

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corns and many callous spots present and if the foot is manipulated by grasping the heel with one hand and the forepart of the foot with the other the pains will be noticed. By giving slight twisting great pain is noticed. The elasticity and springiness of the step is lost, the equilibrium and balance of the body through the flattening of the arch is impaired. Nerv-



No. 30. Top. Showing normal shaped arch. Bottom. Showing flat foot condition.

ousness and droop shoulder often result and the circulation is greatly impaired so that the feet are cold, numb and congested, while in other cases they perspire excessively.

There are soft corns, enlarged joints at the big and little toe. The shanks of the shoes are broken down, throwing wrinkles around the top, the soles are worn off at the inner border. This condition is found among men, women and children in all walks of life, but more frequently among those who remain long hours

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on their feet and also among the poor and laboring classes, as it is the natural outcome of neglected weak foot.

CAUSES

Same as already explained in weak foot, except that it is the result of neglect, sometimes in early



No. 31. Flat-foot with Metatarsalgia. Note how the toes are drawn back and corns are forming on the top of the joints.

childhood and other times at adolescence. It is well for the student to recognize in his own mind the importance of this statement, and he should exert himself in recognizing the condition before it develops to such a severe stage.

It has been stated by many with acquired flat-foot in the last stages that it was hereditary. This is hardly possible but is more apt to be the result of acquired flat-foot development during childhood, so that in later years the sufferer would naturally be of the opinion that it was of hereditary origin.

It is therefore well for the student again to remember that flat-foot can be prevented by caring for the feet of growing children from the time they begin to walk until they are fully developed. So called weak ankles, pigeon toe, toeing out, knock knees are most always the result of weakened foot structures,

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and the child should be fitted with Dr. Scholl's Reform or Uplift arch supports or the Foot-Eazer.

DIAGNOSIS

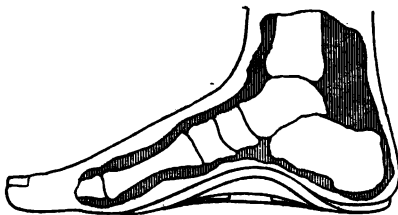
It is not difficult to diagnose this condition because of the marked outward appearance. In fact, Flat-Foot can be recognized on the street by the shuffling gait, by the way the shanks of the shoe are broken out and by the clumsy carriage of the sufferer.



No. 32. Showing how the bones of the arch are forced down and out of alignment.

PRACTIPEDIC CORRECTION

These cases require careful adjustment and fitting of Dr. Scholl's Tri-Spring Arch Support or Tru-Span Arch Support. They should be lowered so as to exert



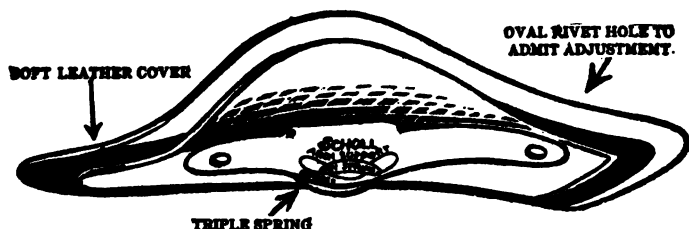
No. 33. Showing sectional view of foot and how bones of arch are correctly supported with Dr. Scholl's Tri-Spring Arch Support.

only slight pressure. In fact, they should not be higher than the present arching of the foot and by beginning at that low point can be gradually raised

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so that slight pressure is exerted which will have a tendency to break up the adhesions.

On this point it is well to know that frequently you come in contact with cases where the customer states that his feet cause him no pain, even though admitting that he or she is flat-footed. In these cases, point out that it is the weak point of his anatomy and in cases of illness or infection or any physical disturbance the weak part is the first involved. Furthermore, as the



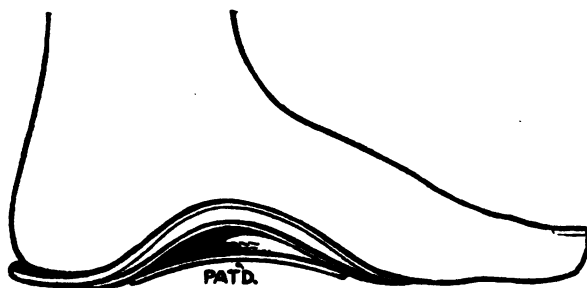
No. 33A. Showing Tri-Spring Arch Support with triple spring reinforcement.

person advances in age the tissues are not as strong and the resistance is lessened, and you will be enabled to give permanent comfort and relief by taking the precaution of being fitted to arch supports, as designated above, even though you may not possibly be able to cure the deformity. Furthermore, these appliances, fitted to this severe rotated type condition, will hold the foot up and prevent it from sliding forward into the toe of the shoe, also preventing breaking down of the shank of the shoe.

In the flexible state, or where there is some motion upon manipulation, more elevation and support can be given, commencing with a low elevation and gradually increasing the elevation. It is very important

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to recommend the use of Dr. Scholl's "3" Necessities Home Treatment and to wear shoes and hosiery that will not in any possible way restrict the full use of the foot.



No. 34. Tru-Span Arch Support fitted to the foot. This support is intended for severe cases, and where a very substantial and durable support is required.

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TO THE STUDENT:

This is a very important part of the course. It is well to review carefully so that the principal points will become thoroughly clear and fixed in your memory. The work of relieving conditions covered in these lessons gives you wonderful opportunity as a very large percentage of men, women and children are sufferers. Decide to be on the alert and to carefully examine every foot. Look at the shoe ask the customer questions. You at once create an impression that you are interested in giving your customers foot comfort and that you possess more than ordinary knowledge on the subject of the foot.

The proper way of fitting these appliances will be fully described in another lesson.

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Answer the following review questions before proceeding with Lesson No. 4. The instructor suggests that you write the answers and then refer back to text to prove they are correct.

REVIEW QUESTIONS FOR LESSON No. 3

- (1.) What is weak foot condition?**
- (2.) How many conditions of weak or flat foot are there?**
- (3.) Describe each condition.**
- (4.) What are the symptoms of weak foot?**
- (5.) How would you diagnose a case of weak foot?**
- (6.) What would be a practipedic treatment?**
- (7.) In addition to mechanical appliance, what other treatment would you recommend to your customer, and why?**
- (8.) What are the symptoms of severe flat foot?**
- (9.) What is the method of correction?**
- (10.) In what way does a severe case of flat foot differ from an early case of weak foot?**
- (11.) Why would you look to the matter of hosiery and shoes in treating flat foot?**

LESSON No. 4

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TO THE STUDENT:

Try to make use of the knowledge you gain from the Course in your daily work. This is not difficult and you will not only be greatly surprised but very pleased to find how easy it is to relieve foot troubles and give your customers confidence and complete satisfaction by following the teachings in this lesson.

We also suggest that in explaining the foot troubles and the method of giving relief through properly fitted appliances and shoes that you use some of the technical terms that you have gained in lessons Nos. 1 and 2. By learning these terms you will find in many instances you will gain prestige and leave a very good impression by doing so.

American School of Practipedics

Chicago

LESSON No. 4

METATARSALGIA, MORTON'S TOE AND BREAKING DOWN OF THE ANTERIOR METATARSAL ARCH

As explained to you in Lesson No. 2, describing the arches of the foot, the Anterior Metatarsal Arch extends between the first and fifth metatarsal bones, at the ball of the foot. Now, when the ligaments and



No. 36. Dotted line represents the transverse section showing the Anterior Metatarsal Arch of the foot. In the normal foot there is an elevation following the dotted lines looking at the foot from the plantar surface.

muscles supporting this dome-like shape at the heads of the metatarsal bones become strained or weakened, they are unable to furnish the necessary strength and support and a condition occurs, in this part of the foot, almost identical with that of the longitudinal arch.

Sometimes only one or more of the bones become depressed and again the entire arch is obliterated.

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This condition is termed **Metatarsalgia** and is one where the arch is destroyed so that the foot widens between the two points. This condition is also known as **splay foot** or **broad foot**.

Metatarsalgia, however, is the proper term for the pain resulting from the depressed arch and nerve impingement.



No. 37. Finger pointing to location of depressed Anterior Metatarsal Arch.

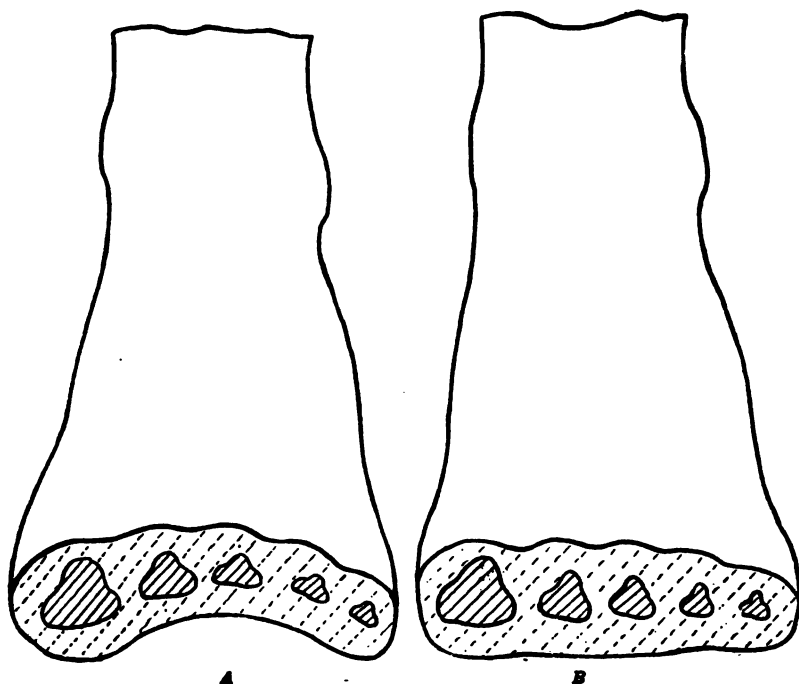
SYMPTOMS

The first symptom is tenderness and redness on the ball of the foot, covering the area of one or more metatarsal heads. After this tenderness, pain occurs and a thickened skin or callous develops. The toes feel cramped, are drawn backward. There is an enlargement at the first and fifth metatarsal phalangeal joint with severe redness and pain upon pressure from the shoe. Later on, thick callouses occur on the soles. These are the result of undue pressure on the second, third or fourth metatarsal heads. Sometimes pressure is thrown on three of the metatarsals and, instead of assuming its concave shaping, the arch is actually convex, and instead of the weight being carried at the tripod points as mentioned in Lesson No. 2, the middle metatarsal bones are pushed

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down so that the first and fifth do not carry any of the weight.

Soft corns develop between the toes. This is caused



No. 38. (A) Showing the normal arching of the metatarsal bones, about one-half inch from the heads of the metatarsals.
(B) Shows position of these bones in a case of Metatarsalgia.

by a slight twisting of the proximal phalanges and causes rubbing and pressure that sets up an irritation. Ninety-five per cent of the soft corns between the toes can be traced to metatarsalgia. In other cases, there is a nerve impingement, causing the sufferer to immediately remove the shoe, rub and compress the toes in order to relieve the impingement. The fore part of the foot swells and it takes some little time for the pain to subside. This cramp-like pain which is most severe and excruciating is found most frequently

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among women and growing girls. It is sometimes accompanied with flat-foot or weakened longitudinal arch.



No. 39. Showing callous spots on sole caused by dropped Metatarsals. Callouses sometimes form on the small areas where the pressure on the metatarsal heads is the greatest while at other times there may be one large callous covering the entire ball of the foot.

In all cases of weakness in the Anterior Metatarsal Arch, the foot widens at the ball and spreads over the sole of the shoe, throwing it out of shape.

CAUSES

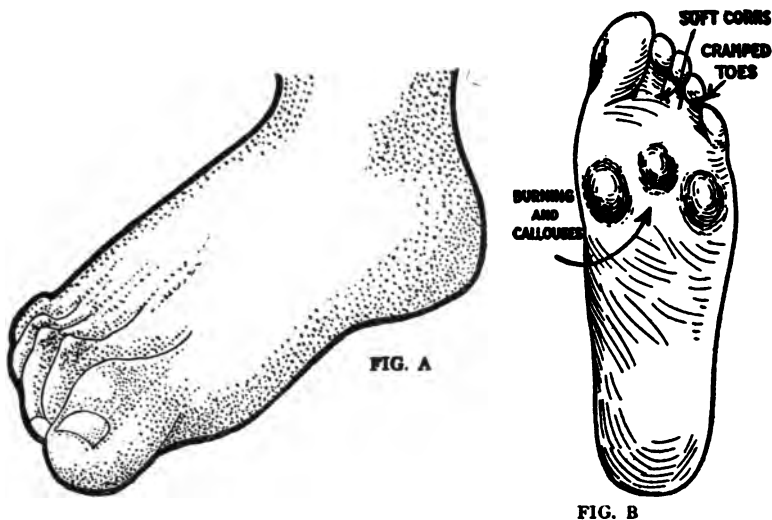
Unnatural distribution of the body's weight, strain caused by short and pointed toe shoes, high heels, short and pointed toe stockings, are usual causes. Tight and narrow shoes is another cause, and sprains, sudden wrenching, jumping on the toes (as in the case of athletes) and dancing (where the weight is carried greatly upon the ball of the foot) are other causes.

DIAGNOSIS

The condition is first recognized by the toes having

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a contracted, drawn back appearance; second, by callosities on the soles, by an enlarged great toe joint or little toe joint, by flattened or convexed condition of the Anterior Metatarsal arch. A very sure way is to hold the top of the foot with the left hand and with



No. 40. Showing feet with metatarsal weakness. In these cases the longitudinal arch must be given support, and correction as well as the Anterior Metatarsal arch. Students will please notice how the toes are drawn back (Fig. A), causing a contraction or slight hammer toe condition. In nearly all cases of Metatarsalgia there is a tendency to crowding and cramping and contraction of the toes with symptoms shown on Fig. B.

the right hand bring pressure on the heads of the different metatarsals. If there is pain, you have located the seat of trouble. Frequently, the patient will jerk the foot when even slight pressure is produced at the base of the depressed metatarsals, and in like manner, you are able to locate the seat of the nerve impingement which causes the severe and constant cramp. Again, by placing pressure at the ball, you are able to recognize the extending of the toes. When the patient stands, the foot spreads, making prominent the first and fifth joint. Care should be

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taken in the diagnosis, however, as in some cases cal-louses do not occur and the enlargement of the first and fifth metatarsal joints is not present, or pains are of a spasmodic nature. A patient may suffer but one attack in several months, while another attack may occur very suddenly.



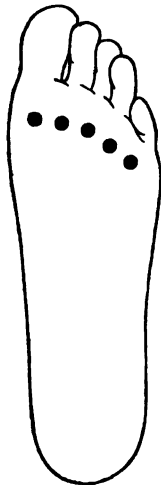
No. 41. A manner of testing the Anterior Metatarsal Arch. By bringing pressure to the second, third and fourth metatarsal heads you are able to see if there are any displacements.

PRACTIPEDIC CORRECTION

A mechanical appliance is the only form of treatment that has proven successful. Dr. Scholl's Anterior Metatarsal Arch Support is indicated in all cases. The Support is made with a fan-like broadening at the forward end to fit the heads of the metatarsals with a dome-like support, arching transversely so that elevation can be given just where it is required. The object is to change the position of pressure by elevating the heads of the depressed metatarsals, thus removing the strain and preventing the impingement of the branches of the digital nerves.

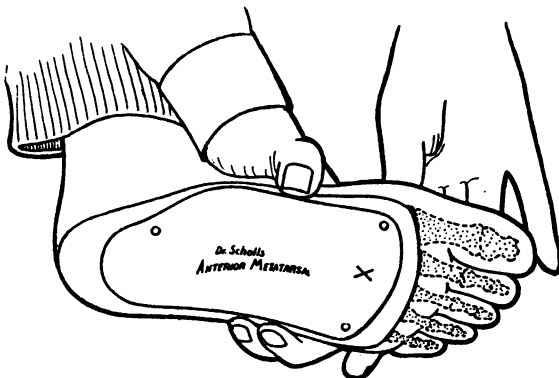
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This support is made in a variety of shapes, so as to give the Practipedist the correct appliances for



No. 42. The black dots show the location of the metatarsal phalangeal articulations. In fitting Anterior Metatarsal Arch Supports the leather should extend evenly to the metatarsal joints but not beyond.

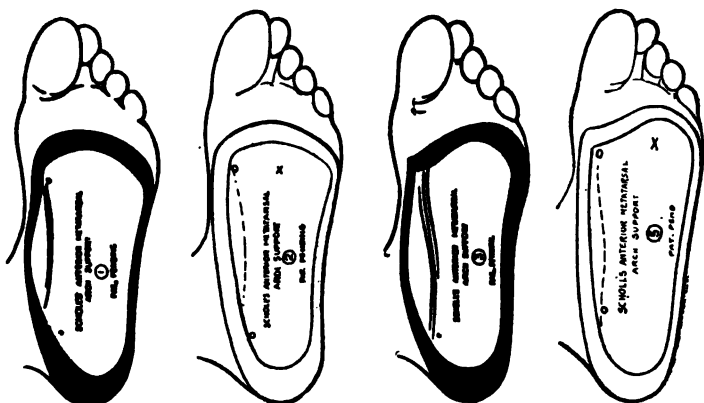
each specific condition. Where there is weakness in the longitudinal arch as well as the Anterior Meta-



No. 43. Showing the Anterior Metatarsal Arch Support applied to the foot and held in position, and sectional view of the bones, showing how far forward the leather of the arch support should extend.

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tarsal Arch, Style No. 1 should be used. Where only the metatarsal arch is weakened, Style No. 2 (without flange) should be used. Where the sudden



No. 44. Showing four models of the Anterior Metatarsal Arch Support, which have been proven as correct for Practipedic work. Each model is for a specific purpose.

- No. 1. Where the longitudinal arch is weakened as well as the Anterior Metatarsal Arch.
- No. 2. Where there is little or no weakness longitudinally but the trouble is in the Anterior Metatarsal Arch.
- No. 3. Where there are severe cramp-like pains in the region of the 3d, 4th and 5th Metatarsophalangeal articulation. The plate extends further forward under the 3rd, 4th and 5th toes.
- No. 4. Same as No. 3 without flange.

cramp-like pains occur in the region of the third and fourth metatarsal phalangeal articulation, Style No. 3 should be used. This has a flange and is cut away under the great toe joint so that the elevation will extend further under the heads of the metatarsals. The No. 4 style is designed for those cases requiring support only at the metatarsal heads and is very light and easy to fit in all women's shoes. The No. 5 (which is the same as the No. 3, without the flange) is used where the forward elevation necessary to give support to the longitudinal arch is not needed.

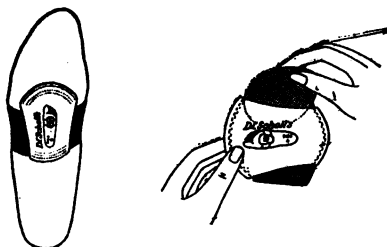
In ordinary cases of metatarsalgia, the elevation

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may be gradual between the first and fifth toes. In others, the elevation should come directly behind the depressed metatarsals.

In cases of severe cramp-like pains the elevation must be made more acute, forming an oval elevation about the size of a hickory nut. Sometimes it is necessary to bring this adjustment further forward or slightly backward, and frequently several adjustments are necessary to have complete and permanent relief.

To fill the demand made necessary by wearing cut-out pumps, very light dress shoes and extreme styles, Dr. Scholl's Lastik Metatarsal pad has been designed. This consists of an adjustable pad with pocket to receive felt or sponge padding and held in position on the waist of the foot by a lastik woven band.



No. 44A. Dr. Scholl's Lastik Metatarsal pad, as it is applied to the foot and how the elevation is increased with adjustable pad.

The style is highly recommended where the regular supports can not be worn or where the patient wears the Anterior Metatarsal Support in street shoes and requires correction with light dress shoes.

In most cases, Dr. Scholl's Anterior Metatarsal Arch Support will give immediate relief, preventing the pains not possible to relieve in any other way. The patient should be fitted to shoes sufficiently long between the heel and the ball, so as to give a firm support and poise to the foot. Sufficient toe room is also very important.

Always remove the cause of the disturbance and see that the patient wears stockings that do not re-

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strict the action of the toes. The home treatment, consisting of soap, balm and powder, should always be recommended to build up the circulation and tone up the skin tissues.

PAINFUL HEEL

Pain in the heel is usually caused by a strain of the plantar ligaments and fascia on the sole of the



No. 45. Showing outer covering of foot dissected away so you may see the relationship of the tissues to the framework and the attachment of achilles tendon to Os Calcis and muscles of the sole attached to heel. Note padding of tissue around heel.

foot where it is connected to the Os Calcis. It is not very easily recognized, as no deformity or change in outward appearance takes place.

SYMPTOMS

There is tenderness and pain in the bottom of the heel, a feeling like stone bruise. At times, the heels become so sore and tender that the patient is unable to stand. At other times, the painful condition occurs only after long and continuous standing or walking, and is felt mostly in the afternoons or toward evening. In other cases, it may be continuous, and there is an odorous perspiration around the heel.

CAUSES

The cause is usually due to straining and stretch-

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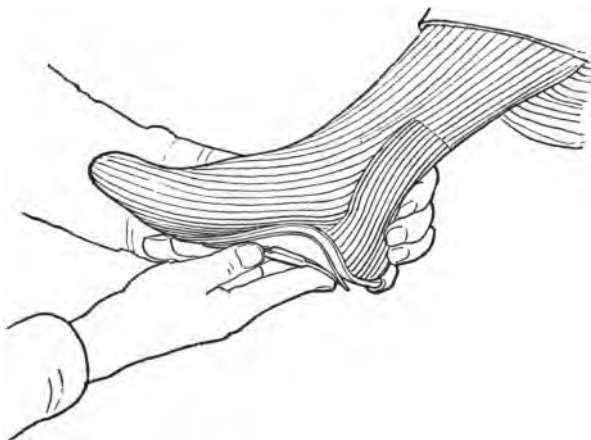
ing of the plantar fascia where it is attached to the Os Calsis. It is due to flat-foot or weakness or strain on the longitudinal arch. In other cases, it is due to a spur or bony growth on the Os Calsis.

DIAGNOSIS

By pressing the thumb or finger to the center of the heel, severe pain is at once felt. The customer will complain of aches or pains in the heel or perhaps tenderness.

PRACTIPEDIC CORRECTION

The pressure from the heel must be removed. This is accomplished by using Dr. Scholl's Tri-Spring or Tru-Span Arch Support and arching it quite high



No. 46. Showing the Tri-Spring Arch Support fitted to the foot to relieve the pain and pressure of painful heel. When the arch is fitted the metal under the heel should extend away from the heel of the foot.

beneath the Astragalus and posterior region, the object being to remove the pressure from the painful area, and by arching up quite high between the heel and the ball, remove the tension and strain on the ligaments. In case of a spur or bony growth, the arch should be elevated quite high, just forward of the painful area, so as to prevent the bony formation from pressing into the deeper tissues.

HIGH ARCH OR CONTRACTED FOOT

This condition is known as hollow or contracted foot or Pes Cavus and is a condition where the longitudinal arches are contracted and extremely high.

SYMPTOMS

There is a prominence over the instep of the foot, especially the transverse arch is buckled upward and one or more of the bones are prominent so that when the shoe is being fitted the lacings or buttons cause pain and tenderness. There are callouses on the ball of the foot and the toes are usually contracted in a hammer toe condition, with corns on the toes and the joints. It is very difficult for the sufferer to obtain shoes that fit well over the instep.



No. 47. Showing an abnormal high arch or contracted foot, also known as Pes Cavus.

CAUSES

Causes may be due to paralysis or other diseases that cause contraction of the muscles, while other causes are short shoes, the foot being forced into a shoe too short, causing a breaking up of the arch, a reverse of broken down arch.

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DIAGNOSIS

It is not difficult to recognize a case of hollow or contracted foot as the high, contracted arch is always characteristic of this condition. Callouses and corns on the sole and contracted toes, with prominent bone projections over the instep, are also noticeable.



No. 48. Showing Dr. Scholl's Zino-pads, which are made in different sizes, applied to the foot to relieve pressure on the callouses and corns.

PRACTIPEDIC CORRECTION

Dr. Scholl's Tri-Spring Arch Support should be applied and arched very high, so as to meet the high part of the arch and, in that way, distribute the weight between the heel and the ball. This will remove the pressure on the callouses across the ball of the foot and overcome the contraction of the toes. Where the callouses are very prominent, Zino-pads should be

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applied, and the same treatment of Zino-pads should be used for the corns on the toes.



No. 49. Manner in which Tri-Spring Arch Support is fitted, to relieve and correct high arch or contracted foot and Pes Cavus. The idea is to remove the pressure from the heel and ball and distribute the weight evenly by fitting up into the arch.

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REVIEW QUESTIONS FOR LESSON No. 4

- (1.) Where is the anterior metatarsal arch located?**
- (2.) What is the condition of the metatarsal heads in a case of Metatarsalgia?**
- (3.) What is Morton's Toe or Metatarsalgia?**
- (4.) What is one of the principal symptoms of Metatarsalgia?**
- (5.) How would you recognize a case of Metatarsalgia?**
- (6.) What is the treatment?**
- (7.) How is it applied?**
- (8.) What is painful heel?**
- (9.) What is the treatment?**
- (10.) What are you apt to find in a case of abnormal high arch or contracted foot?**
- (11.) How would you give relief?**

LESSON No. 5

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TO THE STUDENT:

In this lesson you are shown the important work of correct fitting. It is very important that the right size be selected and that the correct elevation be given to the appliance in each instance.

Appliances to give comfort, to give relief and correct the cause of the foot trouble must be scientifically constructed and designed to do a specific thing. The appliance must work independently of the shoe but in connection with the shoe, so that consideration must be given to the different types of shoes. By referring back to your Anatomy in the previous lessons you will find that the arches give support to the entire body's weight, therefore in selecting appliances it is necessary to use substantial, well designed appliances which do not depend upon the strength of the shoe shank for its basis of a foundation; also, so that when you have fitted the appliance, it will remain in the shape you have adjusted it to.

*American School of Practipedics
Chicago*

LESSON No. 5

FITTING PRACTIPEDIC APPLIANCES

The student, by this time, realizes the folly of attempting to relieve abnormal conditions of the feet



No. 50. Showing how arch support is fitted to the patient.

without individually fitting the corrective appliances to each and every case. The very thought of selling

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appliances for correction of foot disorders without fitting them individually is against all principles and contrary to the ethics of Practipedics.

By personally fitting the appliances to the individual foot, you obtain the full confidence of the patient. Second, you can immediately relieve, and third, you provide comfort and are able to permanently correct the cause.

To accomplish this Dr. Scholl's Arch Fitter and raw hide hammer must be used. With this apparatus the Practipedist is enabled to adjust the supports or appliances to meet every requirement, and it can be easily used without inconvenience or loss of time. First sell the right size or length of appliances. This should be done according to the size of shoe worn, but always fitted to the foot.

HOW SIZED

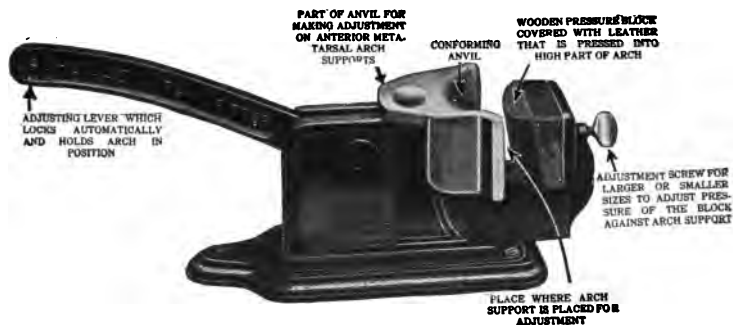
All of Dr. Scholl's appliances are accurately sized so that you may use the leather covering piece as your basis, having the heel part flush with the heel and having the forward skived part reach up to the first metatarso-phalangeal joint. They should not extend over or under to any extent.



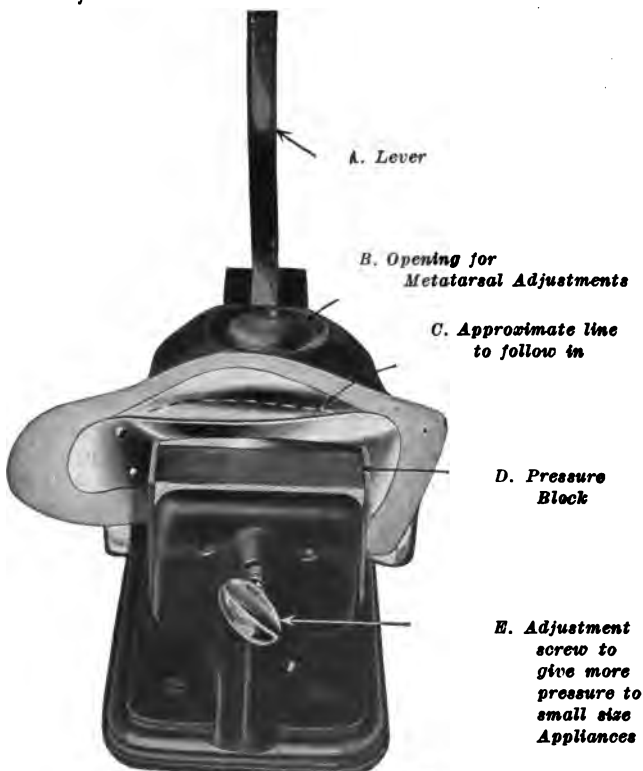
No. 51. This shows a usual case of flat-foot with Hallux Valgus. This is distinguished by the elongated heel and in such cases the heel seat of the appliance should be elongated to extend flush with the heel and arched further forward to reach the high point of the arch.

If you are adjusting for weak flexible foot with a very high arch it is necessary to select a trifle longer

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No. 1.—This is the apparatus essential in fitting appliances. Student will please observe the different parts so as to be familiar with same.



No. 2 (See description on other side.)

HOW TO USE THE ARCH FITTER

No. 2.—First place the support in position between the steel anvil or conformer and the leather covered, wooden pressure block. If it is a large size the adjusting thumb screw "E" can be turned out so as to leave ample space between the conforming anvil and the wooden pressure block. Then raise the lever "A" until it automatically locks, which will then hold the support securely in position with a vise-like hold. If it does not hold the support firmly then release lever and make a few more turns to the right of the adjustment screw, which will force the pressure block in, giving more pressure against the support.

When a general increased elevation is desired for the arch of the foot, then with a raw hide faced hammer tap the metal of the support along the dotted line "C."



No. 3.—Placing Foot-Eazer in position so that pressure can be brought at the highest point where it is needed.

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No. 4.—The support can be rigidly held in position by the pressure you exert on the lever. This can be done without the locking of the pressure block and conformer which is automatically done when the lever is brought to a perpendicular position.



No. 5.—Showing method of elongating heel seat of the support for a long heel or where the posterior arch is down. This operation shortens the elevation of the arch and elongates the distance from the end of the leather from the beginning of the arch elevation.

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No. 6.—After the support has been applied to the foot and the correct adjustment ascertained, this operation shows how any rough edges can be nicely smoothed out. This operation is also necessary where the support has been lowered and which may leave a slight kink or depression in the flange of the support. Student will please note that the edges of the flange which lay against the foot and the lining of the shoe should be smooth to give it a workmanship like finish.



No. 7—To lower the Foot-Eazer or support place it metal side down on the top of the anvil and gently tap it on the leather surface with the raw hide faced hammer. To avoid marring the leather, hard blows should not be struck.

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No. 8.—The support when fitted should fit all points of the arch flush from the heel to the metatarso-phalangeal articulation of the great toe joint. All of Dr. Scholl's appliances are based on this fitting.



No. 9.—Showing Dr. Scholl's Anterior Metatarsal Arch Support and the area where elevation should be made to support the depressed metatarsal head or heads. Please see Page 3, Lesson No. 4.

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No. 10.—Finger pointing to the opening in the anvil which is especially constructed so that the forward section of the Anterior Metatarsal Arch Support can be elevated.

No. 11.—Showing the Anterior Metatarsal Arch Support placed over the oval opening in the anvil, using the raw hide faced hammer in making the elevation. In ordinary cases it is not necessary to roll the leather. The elevation in the metal may be made by simply placing the support over the oval opening.



The Practipedist should always use a raw hide faced mallet or hammer. Steel hammers will mar the Silveroid and will also leave sharp edges and dents which will induce breakage. The tapping should be done gently. Heavy pounding is not necessary.



No. 12.—Dr. Scholl's Arch Fitter attached to stand so that it may be moved from place to place. In every event, the Arch Fitter must be securely attached, either to a table, ledge, etc.

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In making adjustments a student should remember that it is unnecessary to vitally change the general shape and contour of the support except in extreme measures. The anatomical curves along the outer edge, when fitted, should remain unbroken and without any dents or sharp bends. See illustrations.



No. 13. This illustration shows a Foot-Eazer fitted to a foot, showing the even lines and perfect fitting along the inner side of the arch. Shows the extension of leather under the rounded part of the heel so it will set well back into the shoe. Shows the forward end which extends to the great toe joint.

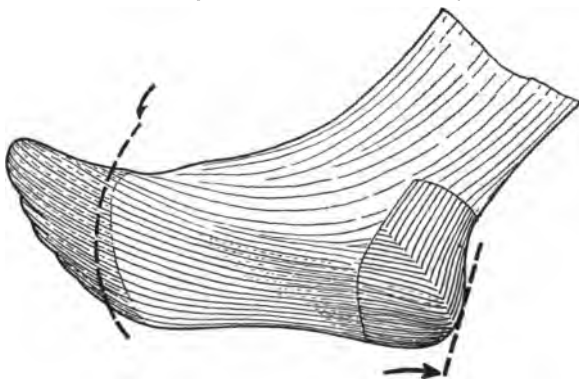


No. 14. This illustration is a shadowgraph of a foot, showing how the plate extends under and toward the outer arch and how the inside elevation should always be higher than the outside.

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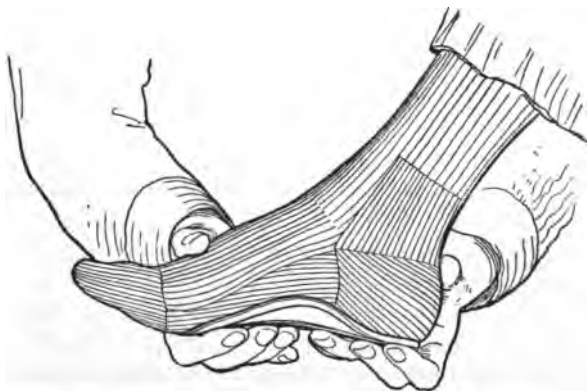
appliance in order to give the desired length after the appliance has been shortened by elevating it.

Now that you have the length and have decided upon the style of appliance needed in the particular case, make the adjustment, either higher or lower,



No. 52. The dotted line shows the proper way of determining the correct size Foot-Easer or arch support independent of shoe size and the patient should be fitted between these two points. It is important to always have the leather come flush with the heel and the skived part come forward to the bend of the great toe.

on the arch fitter, to meet the contour of the relaxed foot. This can be elevated by placing the support between the wooden pressure block and the steel con-

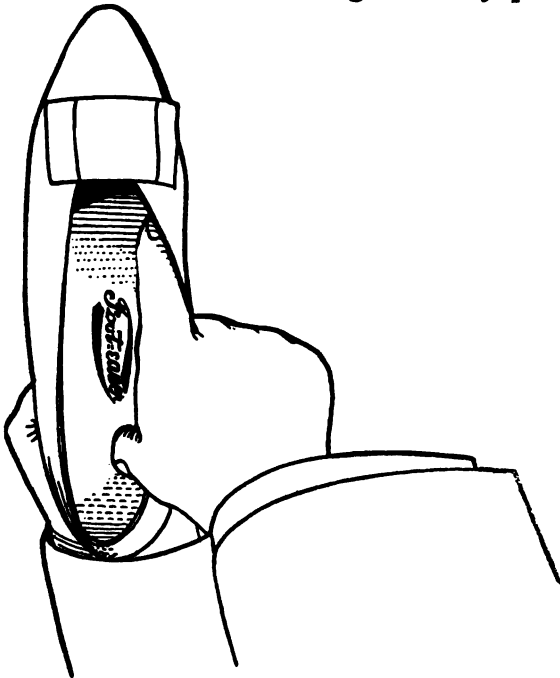


No. 53. After the correct length is obtained and when the fitting is completed it should fit smoothly and evenly at all points. If it is fitted in this manner it will usually feel comfortable to the patient.

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former and gently tapping it with the raw hide faced hammer.

If the heel of the foot is somewhat elongated, then elongate the heel part of the appliance so that when the fitting has been done the appliance fits smoothly and perfectly to all points of the arch. In fitting the Anterior Metatarsal Arch, the elevation can be done on the anvil of the conforming block by placing it



No. 53A. With appliance placed in shoe and testing with finger and thumb to see if fitted so as not to rock or shift.

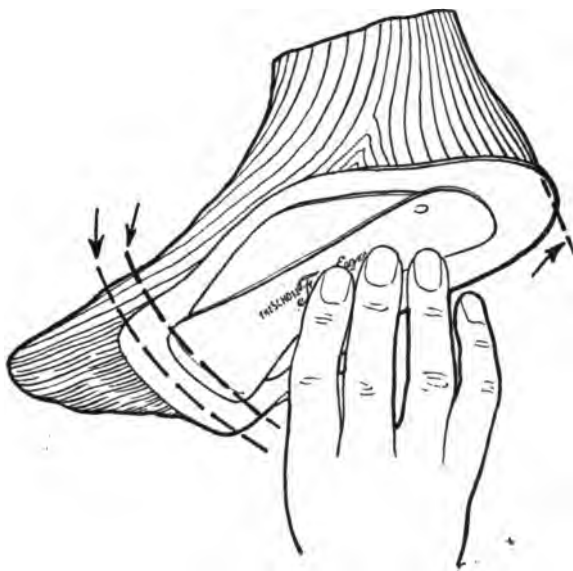
over the opening and gently tapping it with the raw hide faced hammer.

It is not necessary to hit hard or do much hammering on these appliances. The Dr. Scholl appliances are all carefully constructed and formed to a semi-normal height and shape so that there is only slight adjustment needed in either raising or lower-

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ing, and it is best to make these adjustments by small degrees so as not to destroy the original lines put in the appliances.

After the appliance is fitted to the foot, place it in the shoe and be sure that you have the right width so it does not extend out and be noticeable when the shoe is on the foot. Much care should be taken



No. 54. Showing the Foot-Easer applied to the foot that is too long.

to see that the front part of the support sets firmly into the ball part of the shoe and that the heel part of the supporting plate sets firmly down into the heel of the shoe. Otherwise, there will be a rocking motion or sensation that the heel is slipping and is being forced out of the heel of the shoe. (See Fig. 53A.)

In that event, remove the appliance and arch the support a trifle higher under the heel. Slightly bend the metal downward, away from the leather top piece, and then place back into the shoe and test

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with the thumb on the heel part and the index finger forward, holding the shoe with the left hand to see if it sets firmly without any rocking or tilting.

This particularly applies to the fitting of Foot-Eazers or other appliances to ladies' high heel shoes and in pumps, oxfords, slippers, etc.

FITTING THE SHOE AS WELL AS THE FOOT

The student must thoroughly understand that different types of shoes require different adjustments,

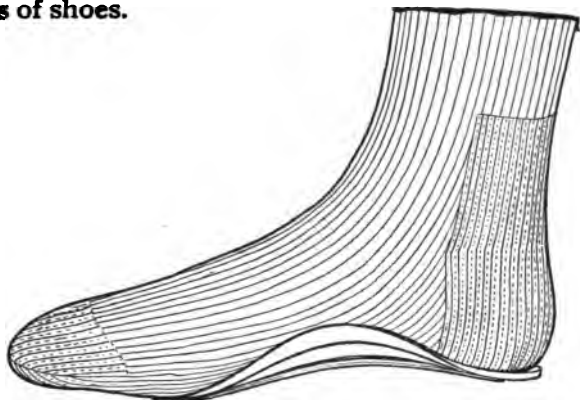


No. 55. Showing Korrekto arch support placed to the foot that is too short.

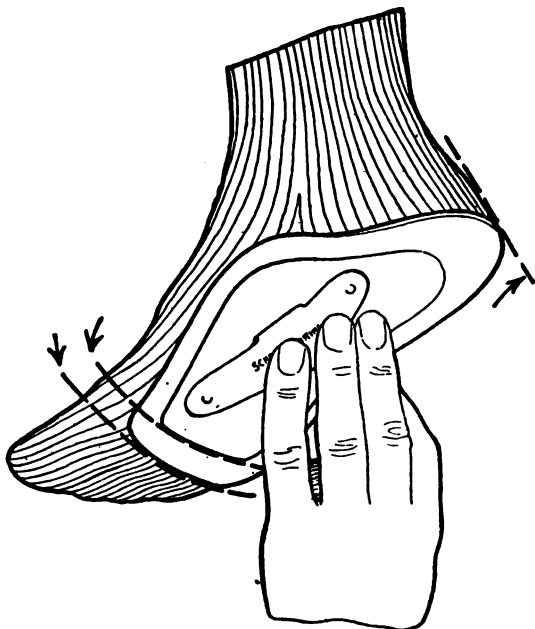
even though the appliances are properly fitted to the foot. The poise of the foot is changed in a high heel shoe and, therefore, that must be taken into consid-

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eration so that the foot is properly supported in the position it will assume in the shoe. This requires the Practipedist to fit different appliances to different types of shoes.



No. 56. Showing Foot-Easer fitted to the foot with pressure on it.



No. 57. Showing Tri-Spring Arch Support fitted to the foot of correct length and size.

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If the patient wears a high heel shoe for street and dress wear, the support should be fitted for that particular type of shoe. Allowance, of course, can be made for a slight variation of one-sixteenth to one-fourth inch in the height of the heel.

If the patient, however, wears low heel shoes, such as tennis or golf shoes, then the supports should be fitted especially to that type. A support that fits the



(A) The arch has been lowered to give but very light pressure.



(B) Slight elevation and elongated heel.



(C) Moderate arch.



(D) High arch.



(E) High arch and elongated heel seat.

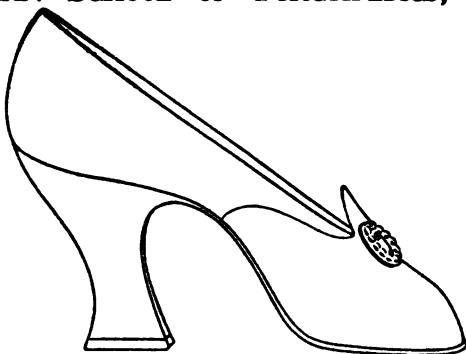
Student will please bear in mind that when the fitting is completed the arch support should be free from all kinks, depression or rough edges.

No. 58. Showing different adjustments of arch supports.

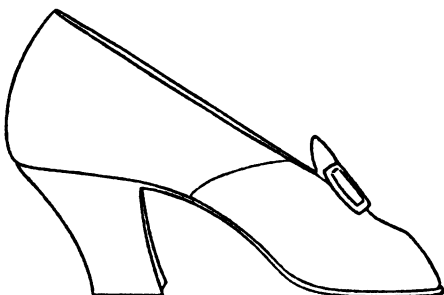
foot properly in a low heel shoe will not give satisfactory service in a high heel shoe, that being one of the principal causes of slipping at the heel.

Do your fitting neatly, and do not leave mars or depressions in the metal, but always smooth out all dents before sending your customer away.

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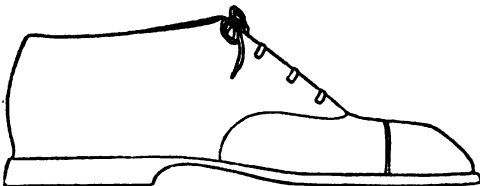
(A) Showing ladies' wood heel pump. In fitting for this shoe great care must be taken so that the heel part of the support sets firmly into the heel seat of the shoe.



(B) A better model to fit arch supports to. This is not so extremely high and is much easier to do the fitting in.



(C) Showing a golf or tennis shoe. A different adjustment must be made to obtain the same amount of correction to the foot when a person wears this style of shoe.



(D) Showing ordinary man's shoe which is very convenient for fitting. Students will please note that these different types of shoes require different adjustments and the customer should be so informed when the appliances are fitted.

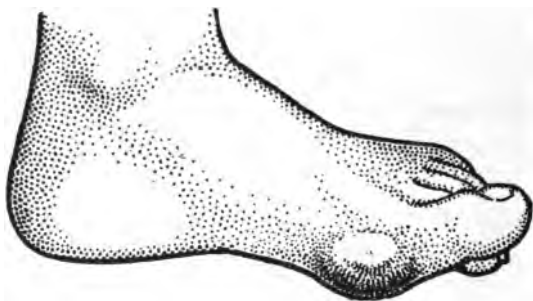
No. 59. Showing the different styles of shoes. Each of these styles requires a different adjustment to give the same correction to the foot.

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Listen to what the customers have to say, and get them to tell you if the support feels high or presses too much at any one point; and then make adjustments accordingly. Dr. Scholl's Appliances can be worn in any shoe. Being neatly and scientifically constructed, so that they can be worn in the modern style footwear, has greatly increased their popularity. It is not necessary for these appliances to be placed in larger shoes or broader shapes or flat heels if the rules of fitting are carefully observed.

BUNIONS AND HALLUX VALGUS

An enlargement of the joint at the base of the great toe is popularly termed a bunion. This, however, is not correct, as this enlargement can be caused by different conditions. A bunion, strictly speaking, is an inflammation of the bursa at the great toe joint, causing swelling, redness and pain. Hallux Valgus



No. 60. Showing case of Hallux Valgus with weak foot.

is a condition where the bones of the great toe are forced outward, causing a slight or partial distortion of the metatarso-phalangeal joint. This condition is often associated with a localized inflammation.

SYMPTOMS

Bunions and Hallux Valgus are formed gradually, and, therefore, the symptoms of the early stages are burning, tenderness and pain on pressure at the

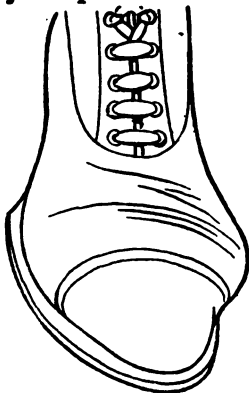
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great toe joint. Later, it becomes swollen, red, inflamed and extremely sensitive to touch. The cus-



No. 61. Showing X-ray shadowgraph of position of bones of foot in case of bunion or Hallux Valgus.

tomer will complain of pain and swelling after walking, and where the toe is bent outward there is a large, prominent joint present. The great toe under-



No. 62. One of the usual effects of Bunion. An easy way of recognising the abnormal condition.

laps or overlaps the other toes, causing considerable pain.

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Corns and callouses sometimes form, which cause additional local pain.

CAUSES

This condition is caused by short and pointed toe shoes and pointed toe stockings, which force the bones of the toes into an abnormal shape. Other causes are foot weakness, either in the longitudinal or Anterior Metatarsal Arch. Where the longitudinal arch is weakened, abnormal weight is thrown on the great toe joint, causing undue pressure and pain; in longitudinal weakness, the foot is elongated and forced down into the toe of the shoe, making the shoe too short.

DIAGNOSIS

Diagnosis of Bunions, or Hallux Valgus, and enlarged toe joints is very simple, owing to their outward appearance. The enlarged toe joint conditions are very numerous and are usually recognized im-



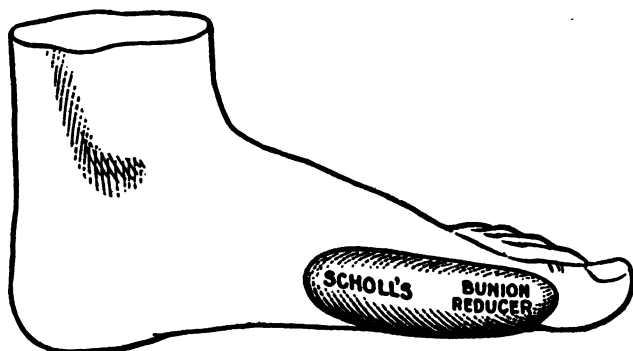
No. 63. (A) Showing bunion with underlapping great toe.
(B) Showing same foot, Toe Flex in position pushing toe over to its normal position.

mediately by the sufferer. Examination should be made of the foot to see if the joint is flexible and if the inflammation is acute.

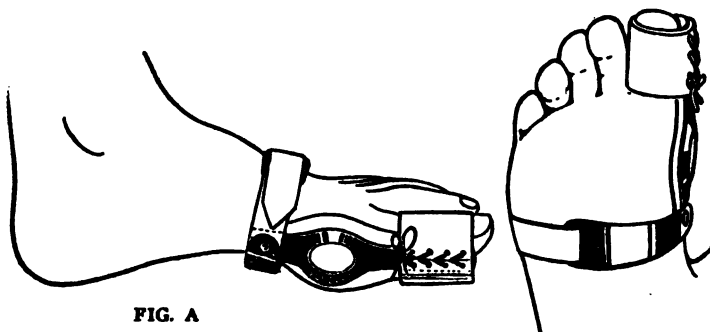
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PRACTIPEDIC CORRECTION

The first thing to do is to remove the cause. Pointed toe stockings should be replaced with Dr. Scholl's Right and Left Hose, taking away at once the tension on the great toe. Then, be particular that the shoe is of sufficient length and width. If the toe is flexible Dr. Scholl's Toe Flex should be worn, bringing the



No. 64. Showing Bunion Reducer, a rubber shield moulded to fit over the enlarged great toe joint.



No. 65. Improved Bunion Spring applied to the foot.

FIG. B

(A) Lateral view.

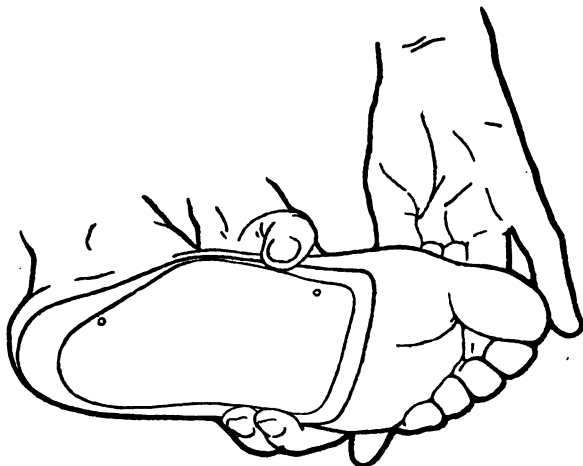
(B) Bottom view. This spring acts as a lever in drawing the great toe to its normal lines. Should be worn in loose fitting shoe or for night wear.

toe to a straight line. When there is swelling and enlargement, apply Dr. Scholl's Bunion Reducer, a

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rubber moulded shield or pad that fits snugly over the joint with a thickened shoulder back of the bunion to remove shoe pressure and irritation. The Bunion Reducer has a counter irritant effect so that the superfluous tissue cells may be carried away in the circulation. The Reducer also fills out the hollow places and prevents the shoe from being bulged out of shape.

Dr. Scholl's Bunion Spring is to be applied for night wear. This acts as a lever in bringing the great toe joint over to its naturally straight line and should be worn every night.



No. 66. Showing arch support applied to foot where the abnormal pressure is thrown upon the great toe joint.

When there is a tendency to weak or flat foot, Dr. Scholl's Foot-Eazer should always be fitted. This bridges the weight from the heel to the ball, taking the pressure and strain from the enlarged toe joint.

HAMMER-TOE

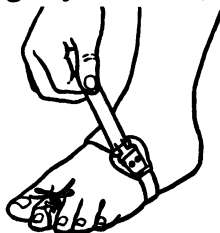
Hammer-toe consists of a drawing back or contraction of the toe at the medial phalanx; it rarely affects the great toe, but is more frequently found on the second, third, fourth and fifth toes. It may be caused by wearing short and narrow pointed toe shoes or a

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contraction due to breaking down of the anterior metatarsal arch of the foot.

PRACTIPEDIC CORRECTION

It is necessary to ascertain the cause of the condition and when due to faulty shoes, correctly fitted, broad toe shoes should be fitted. The anterior metatarsal arch should be inspected and if depressed, Dr. Scholl's Anterior Metatarsal Arch Support No. 2 or No. 4, or Lastik Metatarsal Pad should be applied. For straightening the contracted toe, Dr. Scholl's Hammer-Toe Spring, style A or B, can be applied.

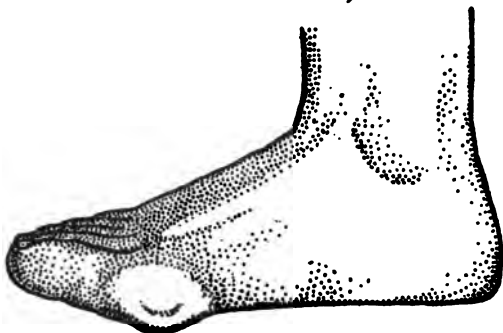


No. 66A. Showing Dr. Scholl's Hammer-Toe Spring applied to the foot.

Cases of long standing should be referred to a surgeon who will lengthen the contracted tendon.

PAINFUL GREAT TOE

When a bunion or enlarged joint forms at the little toe, as well as the great toe, it is an indication of weakened Anterior Metatarsal Arch, and Dr. Scholl's



No. 67. Painful great toe. This is sometimes caused by exostosis, bunion and flat-foot.

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Anterior Metatarsal Arch Support, Style No. 1, 2 or 3, should be used in conjunction with the toe spreading devices. Absorbo Pads, size E or F, should be applied over the little toe joint to relieve the pressure. Dr. Scholl's Foot-Eazer fitted to the arch so as to bridge the weight and take pressure from the great toe will also give relief.

WEAK ANKLES

Weak ankles are an indication of weak arch and should be treated in the same manner as a weak arch condition.



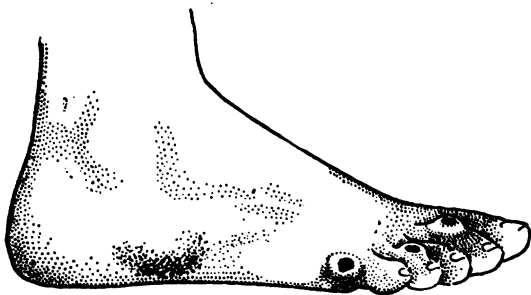
No. 67A. Dr. Scholl's Lastik Anklet applied to foot.

The weak ankle can be given additional support by applying Dr. Scholl's Lastik Anklets. They are made of finely woven elastic to give support to the under arch as well as side support the ankle. They are also useful in sprains or varicose veins.

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HARD CORNS

Corns are layers of dead, epithelial tissue caused by injury or pressure. Nature piles up these cells to



No. 68. Showing hard corns on the toes and little toe joint.

protect the underlying tissues from injury until the false or dead tissue becomes thickened into a conical mass, pressing down into the cutaneous nerve branches and causing pain.

They are very painful and sometimes become highly inflamed and swollen.

TREATMENT

First remove the cause. If the shoe is too narrow or short, fit the proper size. When the corns are caused by the foot sliding down into the shoe, apply



No. 69. Showing how Dr. Scholl's Zino Pads are applied to the toes.

Dr. Scholl's Foot-Eazer to firmly hold the foot back into the heel of the shoe. This removes the pressure

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on the corns. To give relief to hard corns, apply Dr. Scholl's Zino Pads. These are made in sizes to fit all conditions, and by retaining the natural warmth and moisture the false tissue is loosened and can be removed.

For medicinal treatment Dr. Scholl's Fixo Corn Plaster should be applied.

Corns should not be cut or trimmed except by an expert chiropodist where all aseptic precautions are carefully observed.

SOFT CORNS

These are caused by abnormal pressure and, in most instances, are found where there is a weakened condition in the Anterior Metatarsal Arch. The bones rub together and set up an irritation and an inflammation.

Pointed toe shoes and stockings are other causes.



No. 69. (A) Showing crowded together condition of the toes with soft corns between the second and third toe.
(B) Showing Toe Right placed in position to separate the toes.

PRACTIPEDIC TREATMENT

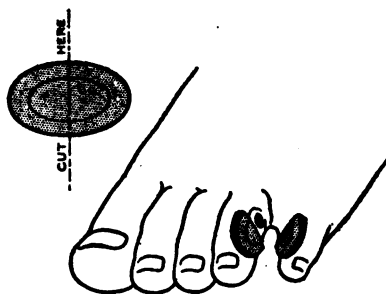
First remove the cause. If there is any weakness in the Anterior Metatarsal Arch, apply Dr. Scholl's Anterior Metatarsal Arch Support, Nos. 1, 2 or 4,

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properly fitted to bring correction to the depressed metatarsal heads.

Soft corns are very irritating and become extremely painful.

The feet should be thoroughly bathed with Dr. Scholl's Foot Soap, rubbing it well between the toes to remove any dead tissue. Dr. Scholl's "2 Drop" can then be applied to the soft corn and protected with a soft corn pad made by cutting a Zino corn pad through the center and applying one-half on the inside of each toe. The pad can be cut and put together, making it double if more separation is required.



No. 70. (A) Showing how Zino Pad (corn size) is cut through center and applied to take pressure off soft corn between the toes.

CALLOUSES ON THE SOLE

Callouses forming on the different parts of the foot are an indication of an underlying cause. Bone displacements, such as the depression of the metatarsal heads, are other causes.

A callous is the result of Nature's attempt to protect the underlying tissues from injury, and when trimmed off or cut away will immediately return, as they are there for the purpose of attempting to protect the thin and underlying tissues from the abnormal pressure and friction.



No. 71. Callouses on sole of the foot.

PRACTIPEDIC CORRECTION

The hard callous is quickly and painlessly removed by applying Dr. Scholl's Callous Salve, and placing over it Dr. Scholl's Zino Pad (Callous size). It should be renewed each day for three (3) consecutive days, after which the foot is placed in warm water, when callous peels off.

Ascertain the cause of the callouses and fit the proper corrective appliances to relieve the condition. For callouses on the sole, apply Dr. Scholl's Anterior Metatarsal Arch Support, correct style number, and adjust to remove the pressure. For callouses on the heel, apply Dr. Scholl's Zino-pad and Callous Salve. For callouses on the great toe, apply Dr. Scholl's Zino-pad or Bunion Reducer and fit Dr. Scholl's Foot-Eazer to prevent further pressure.

CHILBLAINS

Chilblains are due to having exposed the feet to extreme cold and then suddenly bringing them in

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contact with heat. Chilblains also follow frost bite. It is recognized by a sensation of itching and burning, and then followed by a continuous aching. The parts appear red and swollen and usually occur after each exposure to cold.

PRACTIPEDIC CORRECTION

Apply Dr. Scholl's Chilblain Lotion. This relieves the itching and burning. The parts should be thoroughly massaged with Dr. Scholl's Foot Balm so as to improve the circulation in the feet. Roomy shoes should be worn, uppers of soft leather so as to not irritate the inflamed area. Soft cotton stockings should be worn in preference to silk.

EXCESSIVE PERSPIRATION

When the foot throws off a bad odor, it is due to the secretions in the pores of the skin. This causes an unhealthy state and inactivity of the skin glands.

It may not be due to uncleanliness, but may be brought about by such abnormal conditions as foot strain, by improper footwear and hosiery. Occasionally it is due to systemic origin.

PRACTIPEDIC CORRECTION

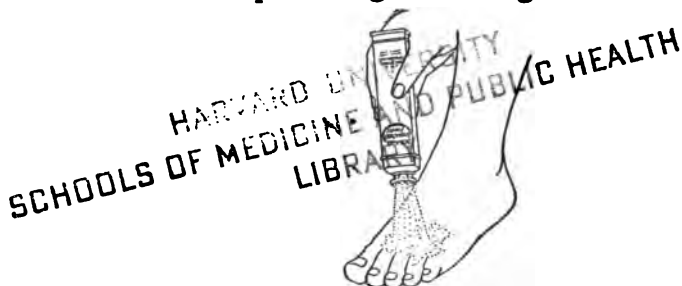
First make examination to ascertain if there is any foot weakness or arch trouble. If so, fit with Dr. Scholl's Foot-Eazer or other appliance that is indicated. Next, recommend the general home treatment—Dr. Scholl's Pedico Foot Soap, Balm and Powder. Immerse the feet in warm water for ten to fifteen minutes. Then apply a generous quantity of the Pedico Foot Soap and massage thoroughly for ten to fifteen minutes. Then carefully rinse off with a cooler water, dry thoroughly and then massage with the Foot Balm. Always keep the feet dusted with antiseptic powder. Shake the powder into the shoes and stockings. The stockings should be changed daily. It is advisable to change the shoes

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and wear them alternately, using shoe trees to keep them in shape.

BROMIDROSIS

Bromidrosis is an abnormal condition of the skin and affects the feet and other parts of the body. It is usually accompanied by an excessive amount of perspiration and oftentimes blanches the skin, especially the soles of the feet, around the heels and between the toes. In this condition the pores of the skin are in an unhealthy state, allowing the exudate to decompose with a resulting strong odor. In some cases there is a scanty amount of perspiration but in either case it calls for the application of a strong deodorizer and additional treatment that will destroy the bacteria producing this strong odor.



No. 71A. How Bromidrosis powder is sprinkled over the foot and toes.

Dr. Scholl's Bromidrosis Powder should be recommended in every case for the correction of any Bromidrosis condition. The feet should be carefully bathed and dried and the powder well shaken over the feet, between the toes and over the soles. This treatment should be repeated morning and night. It is also advisable to shake a small quantity of the powder into the foot bath. Many complaints against the wearing quality of shoes and hosiery might be prevented if sufferers use this treatment.

INGROWING AND ABNORMAL TOE NAILS

Ingrowing Toe Nails consist of a section of the nail becoming inverted into the soft tissue of the nail

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groove. This sets up an irritation and inflammation and finally a pus or ulcerous formation. It is caused



No. 72. A bad case of ingrowing nail.

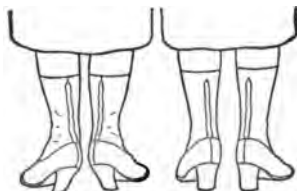
by short shoes, by injudicious trimming of the nails, by pointed toe stockings and by infection.

PRACTIPEDIC CORRECTION

First remove the cause. If the shoes are too short and the stockings are pointed and cause pressure on the toe, correct this. Then, thoroughly cleanse with Pedico Soap and hot water all parts of the feet. Dry the parts with fresh absorbent cotton.

CROOKED OR RUN-DOWN HEELS

Many cases of crooked or run-down heels can be traced to weakness of the arch or ankle articulation, and in these cases an arch support should be fitted. There are, however, many instances where the person may habitually walk heavy at the outer edge of the heel, which can be quickly corrected by a wedge-shape pad or cushion placed inside of the shoe. Dr. Scholl's Walk-Strate Heel Pads will overcome the trouble and give complete relief to this very disagreeable condition.



No. 73. Showing crooked or run-over heels and condition corrected.

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The object of the device is to re-position the weight carrying points by distributing it evenly over the heel. Should the heels wear to the outside the thick part of the device should be placed on the inner side of the



No. 78. Antiseptic Foot Powder being applied to the foot. This should be shaken over the foot and into the stocking daily.

heel, thereby lessening the pressure to the outer side.

The bathing of the feet and the massage is best taken in the evening, and before putting on the stockings. Dr. Scholl's Foot Powder should be sprinkled over the foot and between the toes, to keep them soft and to absorb any moisture. Likewise, a quantity should be sprinkled into the inside of the stocking and shoe.

If this treatment is resorted to, normal feet will be kept so and abnormal conditions made normal. Stockings should be changed every day.

SHOES SLIPPING AT THE HEELS

The Practipedist and shoe fitter will undoubtedly have many opportunities to correct this very annoying condition. Pumps, slippers and low cut shoes in general may be carefully fitted and yet have a tendency to slip at the heel, causing tenderness to the heel

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itself, and producing considerable wear and friction on the hosiery of the wearer.

This can be quickly corrected by applying a pair of Dr. Scholl's Nu Grip Heel Liners to the inner lining of the shoe. They are very quickly attached by



No. 78A. Showing Nu-Grip attached to low shoe. This device prevents shoes from slipping at the heel.

slightly moistening the glued surface of the device and placing it in position and pressing it firmly with the fingers until every part of the Nu Grip has thoroughly adhered to the shoe lining. In applying the device it is very important that the shoe be dry and clean. It is advisable to allow the shoe to stand some time after applying so that the glue will have time to thoroughly dry.

TENDER SPOTS ON THE FEET

Many times a shoe customer will complain of tender spots or irritations from wearing new or tight shoes. This is especially true among the women customers, due to the present type of ladies' footwear. Pumps,

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fancy cut-outs and straps often bind certain parts of the feet, causing ridges, pressure or irritation.



A. Zinc pads, corn size, for corns and tender toes.



B. Zinc pad, callous size, for callouses on ball.



C. Zinc pads, callous size, for tender joint and callouses.



D. Bunion size for tender joints.



E. Zinc pad, callous size, to relieve rub-bing and tenderness at the heel.



F. Zinc pads on instep to prevent pumps or new shoes blistering.

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Prompt relief is given by applying Dr. Scholl's Zino-pads to the tender spot. By applying these pads at the point of pressure or friction, relief is given to blisters and further annoyance is prevented.

HOW TO HANDLE A CUSTOMER

1. Making a good impression is an important part of the professional man's duties, and whether you are in an office or in the shoe store the result and effect is practically the same. As this elementary course is primarily written for the benefit of shoe men, a few terse pointers will be given both as to salesmanship and the professional work. Personal appearance has much to do with impression—clean linen—clothes pressed—shoes polished—clean shaven.

2. After the customer is seated and made comfortable and you are ready to give your attention, look over the shoes while you are removing them. You are able to diagnose many symptoms and recognize numerous abnormal conditions of the feet by the way the shoe is worn.

3. As you unbutton or unlace the shoe you can easily recognize if the upper is spread over the sole, if there is an enlarged toe joint at either the great or small toe and you are also enabled to see if the toes are cramped and drawn up, causing pressure through the upper leather, and if the leather is cracked or hardened from perspiration.

Likewise you will be able to discover if the instep is high and whether there are any prominent projections over the instep caused by displacement of any of the bones of the transverse arch.

4. Now, when you remove the shoe, remove it carefully. Give the impression at once that you are careful, conscientious and interested. Before placing it on the floor turn it over and look at the sole and the heels. Notice how they are worn. See if the

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patient has sufficient length and ball room. Notice if the shanks are broken down. Observe if there are thin spots or holes worn through the outsole across and near the ball. If so, it indicates that the weight is being thrown on the heads of the second and third metatarsals instead of being properly carried at the first and fifth.

5. Place your hand in the shoe and run your fingers over the inner sole and you will notice depressions either at the ball, caused by the Anterior Metatarsal Arch being depressed or you will find depressions in the inner sole to the outside along the edge of the upper which would indicate a weakness of the arch by allowing the foot to shift and slide forward.



No. 79. Every customer's feet should be carefully examined for any abnormal condition. It will make shoe fitting easier and enable the Practipedist to apply the correct appliance and it also gives a good impression to the patient.

6. You have now received a fair idea from the external conditions indicated by the shoe. Always remove both shoes. Before having the customer or patient stand take particular notice whether the stocking is of the pointed toe variety and is short and restricts the action of the toes. Then holding the

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foot at the heel with the left hand carefully go over the sole of the foot with the right hand to learn if there are any callosities. Examine and make test for abnormal condition at the ball of the foot or Anterior Metatarsal Arch.

7. If there are callosities, ask the question, "Do these callouses cause you much pain or discomfort? Do your toes feel cramped? Do the soles of your feet burn?" Then after you have discovered that the Anterior Metatarsal Arch is weakened and that there is a displacement of one or more of the metatarsal heads, cause pressure there and point out to the patient that your reason for asking the questions was because you noticed a weakened condition of the anterior arch.

8. Then notice the longitudinal arch. Also notice carefully if the ankles tip in slightly when weight is placed on the foot. Also notice whether the posterior portion of the arch is lowered, being easily recognized by the elongated appearance of the heel. You may then ask additional questions such as—

"Do you ever notice a burning or cramping sensation on the ball of the foot or sole of the foot?"

"Do your toes feel cramped or feel that your shoes should have more space about the toes?"

"Do you notice that a new shoe loses its shape and looks shabby before it should?"

"Do you have pains in the heels?" (Cause pressure on the heel with your thumb or forefinger.)

"Do you tire easily after walking?"

"Do you have rheumatic-like pains in your feet or limbs?"

The customer will naturally be very much interested by the intelligent way you have conducted your-

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self and invariably say, "Yes, I have noticed that my feet have been giving me considerable trouble and that they burn on the soles and tire and ache after much standing, just as you mention."

9. You then may explain that she should have no more trouble with her feet than her hands. "If they were normal you would be able to walk, run or dance without bodily fatigue, tiring or aching of the feet or limbs. Your trouble seems to be a weakened condition of the foot." If it is a weak arch in the early stages you may say, "When the weight is taken off, the foot assumes a perfectly natural shape and you will notice you have naturally a high arch, but owing to the weakened condition of the foot, when the weight is placed upon it, it stretches out and flattens to a certain degree so that after much standing or walking the ligaments and muscles become tired and relaxed and allow the foot to stretch to an unnatural extent."

10. If it is a lady and a weakened arch condition is present, you may say, "I will fit you to a device, Dr. Scholl's Foot-Eazer, which you can wear in this shoe unnoticeably. This will not only give immediate relief, rest and comfort to your feet, but it will permanently correct the cause of your trouble so that in a remarkably short time you will be permanently relieved of this condition."

11. Then, when you select the proper size Foot-Eazer or other style of Dr. Scholl Appliance needed according to your diagnosis use arch fitter and raw hide hammer and do the fitting. Do not arch the appliance too high, especially when it is first placed into the shoe. Do not give it to the customer to look at, but place it immediately inside the shoe and have the customer stand.

12. Then suggest, "Doesn't that feel better to your foot?" "Don't you feel the bracing and restful sup-

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port it gives and don't you notice that it gives you more freedom to the toes?" "Doesn't it seem to brace you up all over?"

13. If the support is fitted too high and the customer complains of the pressure, always be quick and willing to make the adjustment and place it back into the shoe and suggest that it will be more comfortable.

14. Always button or lace up the shoe after the appliance is placed inside of it. It is well to explain that the Dr. Scholl Appliances are all based on scientific principles and your own knowledge of Practipedics enables you to give comfort by making the proper adjustments and using these appliances indicated in each and every case. You may point out also that no larger size shoe is needed and that any stylish shoe can be worn with comfort. Try to impress the patient that it is not necessary to wear large, unsightly looking footwear because by your Practipedic method and Dr. Scholl's Appliances you are able to relieve the cause of the trouble which will then permit the customer to wear the style of shoe best suited.

15. The questions may be asked (that is, if you are fitting an appliance like the Foot-Eazer, Tri-Spring, or Anterior Metatarsal Arch Support), "After I have once commenced the wearing of these appliances won't I always be compelled to wear them?" Your reply should be very decisive, "No. There is an abnormal condition present in your feet. The object of this appliance is to correct that abnormal condition and assist Nature in bringing about a permanent cure. It gives immediate relief and by the mechanical pressure and correction which is exerted the displaced bones are lifted and held up to their natural position, abnormal pressure and strain are removed from the soft structures such as the arteries, veins, and the strain is lessened on the ligaments and muscles."

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16. By correcting these displaced bones Nature responds by improving the circulation, which at once builds up the tissue and strengthens the parts of the foot and by removing this abnormal strain Nature holds the bones up and stimulates muscular action so that in a short time permanent relief can be obtained. If the case is of long standing and in an aggravated state it is best not to promise more than relief and that the treatment will restore normal use to the feet, with a full degree of comfort."

17. In the early stages, however, thousands of cases are on record where the appliances can be laid aside after three to four months' wearing. Frequently less time than that is required.

If the question is asked, "Can I wear these appliances in any shoe?" you reply, "Yes, if the shoes are practically on the same type, that is, if you wear about this same height heel, shape and size of shoe. See, I have adjusted these appliances to give you the necessary correction according to the poise of the foot in this style of a shoe. If you change to a low heel shoe it changes the poise of the foot and naturally I must make a different adjustment to give you the same amount of corrective help."

18. "Now, if you have another style of shoe that you wish to wear, such as golf shoes or a high heel dress shoe, then bring this shoe in to me and I will adjust another pair of appliances to give you the amount of correction and comfort in that particular type of shoe."

19. In handling a customer or a patient with a bunion foot explain that most cases of so-called Bunions or Hallux Valgus, are caused by undue pressure at the first metatarso-phalangeal joint or it may be caused and accompanied by weakened arch and flat-foot. There are many cases of bunions that can be relieved by fitting the foot to a pair of Dr. Scholl's

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Foot-Eazers, the object being to take the weight off the first metatarsal joint and distribute it evenly over the weight carrying surface.

20. In examining a bunion foot notice if the great toe is rigid or if you can straighten it without much force. Then use your treatment accordingly and always use selling suggestions that will make the impression and satisfy the customer without a question of doubt that not only you as a Practipedist know your business thoroughly but that the appliances which you have accepted as being the most scientific will give the comfort, relief and correction that is needed in each case.

21. If you fit a pair of Foot-Eazers to relieve the pressure on the bunion joint and to equalize the body's weight, explain why and how this treatment will give relief to the bunion joint.

22. If you fit a Toe-Flex explain how this exerts a gentle pressure in straightening the great toe and if the joint is much enlarged and requires a bunion reducer to remove the shoe pressure and relieve the local irritation explain why it reduces the swelling and inflammation and how, by stimulating local circulation the accumulated tissue cells are carried away through the circulation.

23. On the subject of corns and callouses it is well to explain that they are caused by friction or pressure and possibly both. If there is a depressed metatarsal head pushing down on the soft and thin tissues against the insole of the shoe, this pressure causes a callous. First, it sets up a slight local irritation and the skin becomes red and tender. Finally a callous forms on the outer layer of the skin. It is a result of Nature's attempt to protect the underlying tissues from injury. When these layers of dead skin or tissue pile up and become hardened it causes

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pressure on the nerves in the under layer of skin and this causes pain.

To use a knife and cut away this tissue is working against Nature unless the cause is removed. Try to explain and impress your customer with the number of steps taken each day, multiplying the body's weight with the number of steps taken and you have the amount of strain and pressure the feet are compelled to carry each and every day.

24. Explain that the feet must have care and as a part of your Practipedic Treatment always suggest Dr. Scholl's "3" Necessities. It will at once increase the value of mechanical appliances and be a means of giving more comfort to the feet. This can be best brought to a customer's attention by bringing the treatment to him or her and saying, "Now, this is the home treatment for you to use in addition to the appliances to get the feet into a healthy condition. You will find full directions on each package." If necessary you can give a short explanation of how each of the items are to be used.

25. Suggest that your customer keep Zino pads in the three sizes on hand at all times to protect the feet and to relieve corns, callouses and bunions.

FITTING OF SHOES

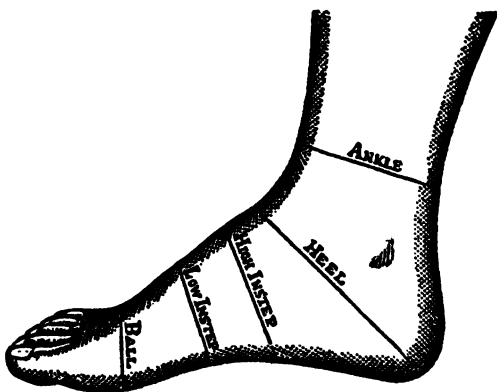
The very foundation and principles upon which the science of Practipedics is built depends upon the correct fitting of shoes and foot gear in general. It would not be exaggerating to say that in 40 per cent of the cases of foot troubles which the Practipedist is asked to relieve, the predisposing cause will be found to be in the shoes and stockings.

Shoes that are fitted too short, too narrow, the wrong shape, the wrong style, all end up in some minor foot disorder. But unless this cause is quickly removed, the damage is already done to the foot, foot

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weakness develops, malformations take place and mechanical aid must then be resorted to to give relief.

With a fundamental knowledge of the anatomy of the foot such as you have mastered in the foregoing lessons, you will be able to fit shoes more correctly, and where there is any serious or minor foot weakness, you will be able to correct it immediately. Use your knowledge. You will soon acquire the knack of quickly sizing up the shape of the foot before you and know whether there is any abnormal condition that



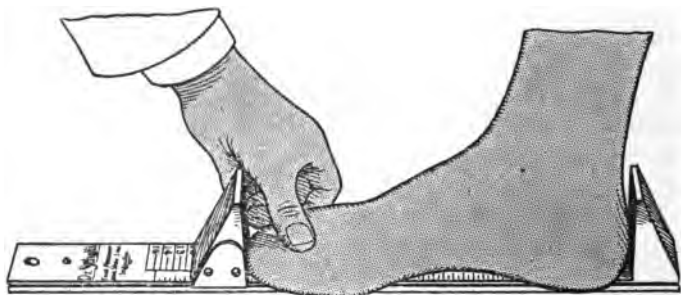
No. 80. Showing standard positions of measurements. These same points of measuring are also used in measuring lasts.

requires your scientific knowledge other than mere fitting.

There are several types of measure sticks and methods of measuring the feet. If you use a standard plain measure stick, it is advisable to have the customer stand and make an allowance from two three sizes in addition to what the stick calls for. This is absolutely necessary to give sufficient length to the shoe.

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The authorized method, however, is using a special stick where an allowance has already been made for the expansion of the foot. This is known as Dr. Scholl's Foot Measure and Shoe Size Indicator. The scale is most carefully reckoned out according to the requirements of the foot based on standard measurements of shoes so that the figure on the scale at the end of the great toe indicates the correct length of shoe. Then by taking the width of the foot in the



No. 81. Dr. Scholl's Foot Measure and Shoe Size Indicator.

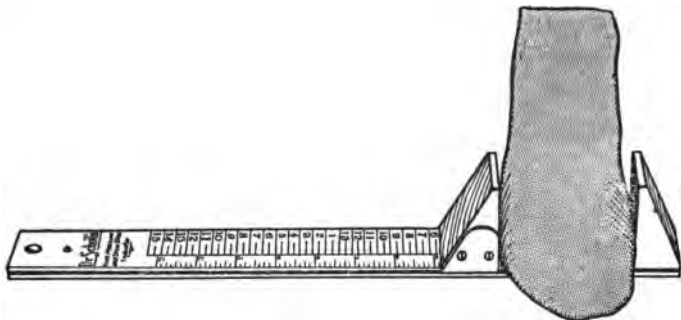
same manner and referring to the scale on the back of the Indicator, you will be able to tell the correct width.

This method, of course, is a scientific and carefully studied out basis of measurements, but the student should understand that the type of foot is to be taken into consideration and slight variances may be in order.

Many times shoes do not come up to standard measurements and occasionally manufacturers will

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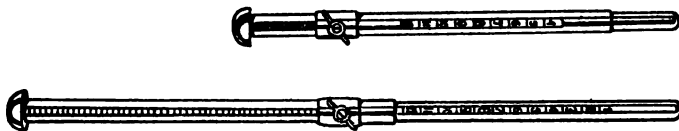
change the shape of the last at the toe and in doing so the shoe is shortened from one-half to full size. Furthermore, occasionally a person will wear a shoe longer than is necessary, and so that the Practipedist will be enabled to know exactly the size of the shoe the customer has been wearing, Dr. Scholl's Shoe Size



No. 81A. Dr. Scholl's Foot Measure and Shoe Size Indicator—measuring for width of shoe.

Indicator has been prepared for this purpose. It is placed inside the shoe, the expansion spring is released so that the detector touches the extreme inside measurements of the shoe, viz., heel and toe. A thumb screw is then tightened, the detector removed which plainly shows the exact inside measurement of the shoe.

In measuring feet it is very important to observe the stretch or expansion of the foot with the body's weight. If there is more than one size expansion, then be careful of arch weakness.

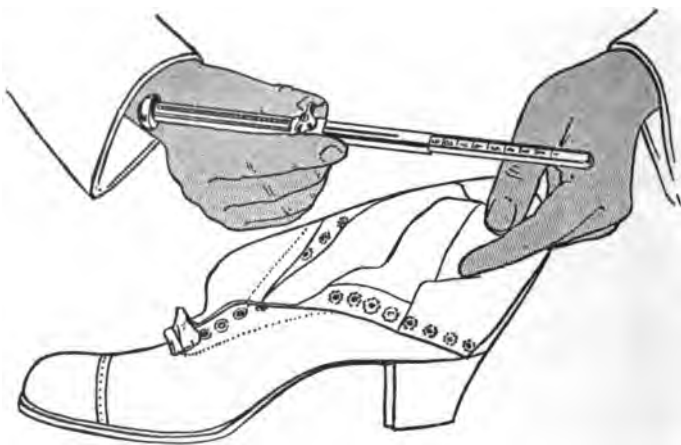


No. 82. Dr. Scholl's Shoe Size Detector to Measure Exact Shoe Length.

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In addition to fitting the foot properly and obtaining the foot length, remember that an appliance fitted must also be conducive to the customer's foot comfort and satisfactory shoe wear.

Please note in the illustrations, "A," showing the foot without weight on; "B," showing the same foot with weight on. Normal feet, of course, expand slightly, but usually less than one-half size. If the



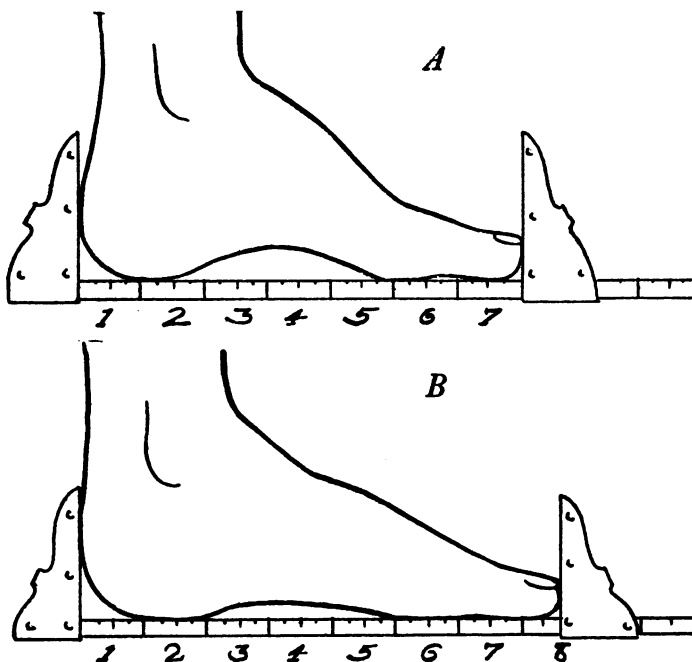
No. 82A. Comparing Standard Size Given by Size Detector or Counter Size Make in Shoe.

foot you are fitting expands more than this, look for arch weakness.

As to high heels, in the old school, medical practitioners would recommend or even go so far as to prescribe flat-heeled shoes for all persons complaining of foot trouble. This practice, however, has been proven to be a fallacy and is discontinued by up-to-date Orthopedists and Practipedists. For the moment, consider the development of the use of heels, beginning with a child. Its first pair of hard-soled shoes; the next with wedges—and finally come spring

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heels; then gradually, step by step, an extra lift added and especially, if a girl, will soon wish grown-up girls' shoe styles, and finally will be wearing heels from one and a half, one and three-quarters to two inches



No. 83. Showing stretching out or elongation of weak foot.
A, Shows foot without weight; B, weight on foot.

and possibly two and one-eighth inches in height. While this is being done, Nature, in her gracious way is foreshortening the big muscles of the calf and the Achilles tendon attached to the Os Calsis or heel bone, until finally the foot assumes in a relaxed condition the position of the high-heeled shoe.

It is impossible, therefore, to expect a person to have comfort in a flat-heeled shoe after Nature has provided ample accommodations for the higher heel. If it is necessary to make a change back to lower heels,

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do it gradually. So, to give comfort in shoes, select the shoe that is adapted to the customer's feet as nearly as possible in style and shape. In fitting, give ample room for the toes, width at the ball and a firm, snug fit through the heel and waist, using your judgment of the anatomical requirements laid before you in this course of Practipedics.

PEDO-GRAPH IMPRESSIONS



No. 84. Pedograph (print of sole of foot) being taken on Dr. Scholl's Pedograph machine.

For the Practipedist or shoe fitter, Pedo-Graphs or sole impressions have a distinct value. Until the in-

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vention and perfecting of Dr. Scholl's Podo-Graph machine, the methods of obtaining impressions of the feet were difficult and unsatisfactory. By this new device a clear impression can be made of the sole of the foot, which immediately portrays the structural condition of the foot, bearing points, any abnormal



No. 85. Pedographs of feet, showing three distinct conditions: A, normal arch; B, weakened arch; C, flatfoot.

condition, such as weakened metatarsal arch, callosities, flat foot, contracted toes, etc., and at the same time gives the correct length measurement of the foot to be used in fitting shoes.

The paper blanks on which the Podo-Graphs are made are very useful in making an analysis of the foot condition and also in convincing the customer the style of appliance and shoe required.



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ORTHOPEDIC AND CORRECTIVE SHOES

Because so much has been said and so many extravagant claims made about the remedial merits and corrective qualities of so-called orthopedic or corrective shoes, the subject should be of great interest to the Practipedist.

What are these shoes? Do they differ from an ordinary Goodyear welt shoe? Have the manufacturers been able to put into these lasts orthopedic qualities that will correct foot troubles? Have they any merits that are not embodied in a well made Goodyear welt shoe that is made over a good fitting last?

These shoes can be grouped into four divisions:

- 1—The rigid shank shoe which has a piece of steel to reinforce the shank.
- 2—The flexible shank type of shoe.
- 3—The flexible upward and rigid downward type.
- 4—The long inside counter shoe.

Each one of these types has certain enthusiastic followers who contend their particular shoe will perform miraculous cures for all abnormal foot conditions, and that all other means of correction are wrong. The result is the public is puzzled as to what to believe.

A customer often goes into a store and asks for something that will give her foot comfort and correct her falling arches. The store having in stock the rigid shank type shoe, promises her absolute foot comfort, that the inner longitudinal arch will be supported and that callosities and pains will disappear. What is the result? The shank of the shoe does not fit up to the arch of the foot and after the shoe has been worn a short time no comfort is given and dissatisfaction results.

She walks into the second store and is told the advantages of the flexible shank type shoe. The sales person tells her she could not possibly receive any comfort from a heavy rigid type of the kind she is wearing, but needs a flexible type to massage the muscles of the foot, thereby strengthening the arch. That, likewise,

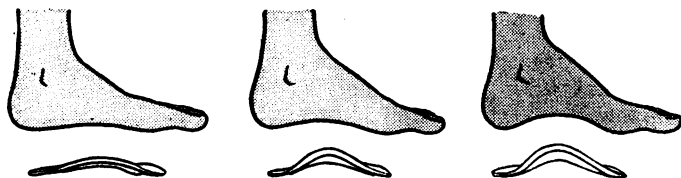
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doesn't do the job of supporting the arch and properly distributing the weight of the body. Finally she goes to the third store. Here she is told the flexible type shoe she is wearing is incorrect, and that she needs a combination of rigid and flexible type. About this time poor Mrs. Customer wonders whom she is to believe.

So often has this happened that shoe retailers are beginning to realize that scientifically designed and constructed foot appliances have a definite place in the store and that they offer the only method of correction. The fundamental principles of foot correction through the use of appliances that are adjustable to the foot and shoe, that can be raised progressively as the condition of the foot improves, and that are made of non-rusting, non-corrosive metal, are absolutely sound in actual practice.

LASTS

How do these so-called arch support or corrective shoes differ from other shoes? Have any radical changes been made in the lasts over which they are made? Investigation reveals practically none. Last manufacturers admit that all shoes are made over lasts which conform to the accepted measurements of a normal foot.



No. 86. Note the various elevations of arches and the adjustable supports which bring them back to normal contour.

Since they are, how can one elevation, one height of arch, conform to all the varied types and heights and lengths of foot arches? These shoes may be comfortable while new because the shoe, being new, holds the foot in a normal position. But in a few days the abnormal foot stretches the shoe, the foot elongates, the shoe feels short and complaints and dissatisfaction result. Since shoes are made to conform to normal feet and 80 per cent

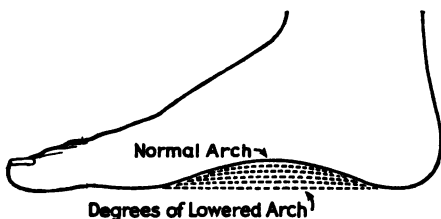
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of feet are abnormal, how can these feet be fitted comfortably, or with shoes as a corrective measure?

Remember a suit of clothes that does not fit can be altered—**BUT YOU CANNOT ALTER SHOES.** Since shoes cannot be altered, the shoe salesman must correct feet to fit shoes. One cannot properly fit them with any pair of shoes without first repositioning them to an approximately normal position.

With arches varying, as shown in Figure No. 86, how can one provide a practical support or correction for them with the non-adjustable shank support built into the shoe?

Since the shoe is primarily built for a normal foot, will it correct anything? If the shank is to be known as the corrective part of the shoe, then that correction, not adjustable, can only go downward. In other words, if every pair of shoes fitted the arches perfectly would they do any more than limit the falling of the arches?



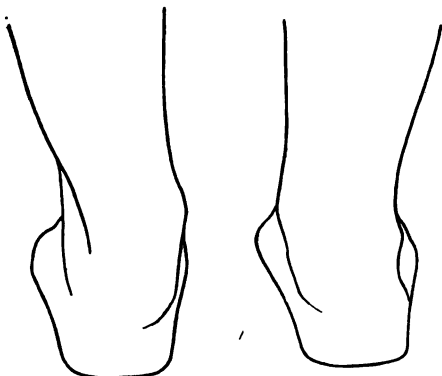
No. 87. Showing the progressive degrees of correction brought about by an adjustable support.

Remember that where arches are weak or fallen, it has taken months for them to drop down to where they are from where they were. They can only be raised a little at a time without considerable pain. To effect correction they must be slightly raised several times, so if one desires to correct arch weaknesses one cannot do so without any form of support that isn't adjustable. Any form of foot correction which cannot be taken out of the shoe and adjusted as the condition requires, and which fails to properly fit the contour of a relaxed foot, will do no good. In fact, it will do harm.

Many shoe men believe that when an arch falls it just

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drops down. If such were the case, possibly an orthopedic shoe might limit the falling of arches. But you have already learned in these lessons that when a foot weakens there is a structural change in the contour, resulting in the tipping in of the ankles and the heel bone rotating, the weight is thrown on two bearing points—the heel and the metatarsal phalangeal articulation. The



No. 88. Tipping in of the ankles, a structural change brought about by arch weakness which no shoe will correct.

shoe, from the ball to the heel, is soon twisted and the small amount of correction that may have been gotten from the shoe, quickly disappears.

THE RIGID SHANK

Viewing under the X-ray, any good type of Goodyear welt shoe and the so-called corrective type of shoe, one finds one just about the same as the other.

Note pictures Nos. 89, 90, 91 and 92.

No. 89 is a riveted shank shoe. One would suppose in viewing the riveted shank, that this extends to the reinforcement and therefore strengthens the shank. Note the picture closely. These rivets are ornamental and have no value, whatsoever. The shank is about $\frac{3}{8}$ of an inch in width, the thickness of a nail file, set just in the center

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of the shoe. Imagine a $\frac{3}{8}$ -inch piece of light metal set in the center of your foot to hold up a depressed arch and



No. 89. Actual photograph of so-called Orthopedic shoe, dissected to show construction. Note rivets through shank of out sole for show purposes only.

stop the structural change that takes place in weak foot conditions.

Look at Picture No. 90. The inside portion of the shank at the bottom of the shoe is painted black in order to give the consumer the impression of strength and reinforcement. Note the width of the shank placed into this shoe is no heavier, no wider, no thicker than the reinforcement that is put into any standard Goodyear welt shoe. These are but fair examples of the various

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types of shanks which are supposed to correct all manners and types of foot trouble.



No. 90. Arch supporting shoe advertised to correct fallen arches. Note thin steel shank adjusted to cardboard filler to give impressive appearance.

Can a flexible shank shoe correct a condition of foot trouble? This type usually is sold on the basis that the shank massages the muscles of the foot, thereby strengthening them. Since the arches and the action of the foot are not controlled by the muscles of the foot, but by the muscles of the leg, this is wrong. Take a step. See what muscles are brought into play. If, then, the muscles of the leg control the movements and arch of the foot, how can a weak foot condition be corrected by a flexible shank shoe?

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The combination of a so-called rigid and flexible shank



No. 92. So-called arch supporting shoe with impressive bottom and shank finish. Note extremely light, thin steel shank piece attached to cardboard filler.

shoe has likewise no corrective features, excepting that it may be a good shoe. The shank being rigid, as the weight of the foot is placed upon it, may help in holding the shape of the shoe while it is being worn. What the flexible feature of this type will do with the upward step has not been determined by many tests.

WILL SHOES CORRECT METATARSAL TROUBLE?

If the student has been applying the knowledge he has received from this Course to his everyday work of shoe fitting, he has already found that arches vary as to length, height and contour. In other words, a foot that

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would normally take a size 5 shoe, might vary from one-quarter to one-half inch in the length of the longitudinal arch.



No. 91. Sole removed from ladies' oxford recommended for severe case of Morton's toe. Note long inside counter and ordinary steel shank attached to fiber shank piece.

In order to bring about a correction in metatarsal troubles, a counter pressure must be brought to bear directly in back of the painful spot or callous affected. No shoe can do this.

An appliance must be selected of the exact length that can be adjusted to independently support the anterior metatarsal arch, re-distribute the body's weight and re-position the foot in the shoe on its tripodal bearing points; then any well-made Goodyear welt shoe should be fitted. Through the use of the appliances, abnormal condition will be corrected and within a short time the customer will be able to dispense with the appliances without further trouble.

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REVIEW QUESTIONS FOR LESSON No. 5

- (1) What is the first requisite in practipedic work?**
- (2) What apparatus is most essential in making adjustments?**
- (3) How would you go about to fit a foot with appliances?**
- (4) How would you determine the length?**
- (5) What constitutes a good fitting arch support?**
- (6) Why is it necessary to adjust differently for a high and low-heeled shoe?**
- (7) What would you do for slipping at the heel?**
- (8) What is Hallux Valgus?**
- (9) What would you do to relieve the shoe pressure on a bunion?**
- (10) What is the approved method of correcting a Hallux Valgus or bunion condition?**
- (11) What would you do for a painful great toe?**
- (12) Why do corns form?**
- (13) How would you relieve painful corns?**
- (14) Why are there callouses on the sole?**
- (15) What is the treatment for Chilblains?**
- (16) What is the cause of ingrowing toe nails?**
- (17) What is the proper care for the feet?**
- (18) How do you measure feet for shoes?**

Students having completed the above review questions will now write to American School of Practipedics, 211 W. Schiller Street, Chicago, for final examination papers.

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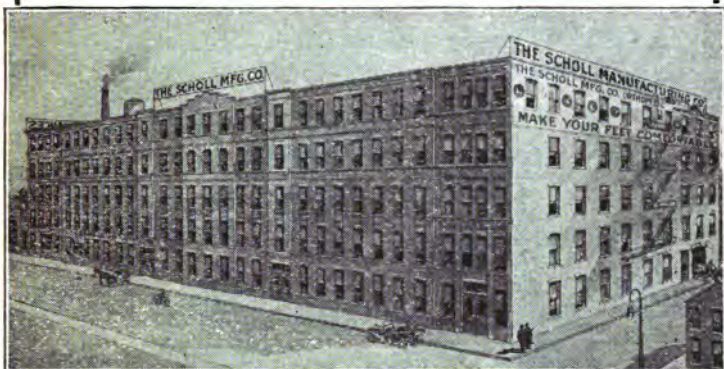
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Same as No. 1 without flange and for use where there is no longitudinal weakness.

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